COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT CALENDAR YEAR 2010

and

QUALITY IMPROVEMENT WORK PLAN FOR CALENDAR YEAR 2011

Marvin J Southard, D.S.W
Director

January 2011

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Executive Summary

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The Quality Improvement Annual Work Plan of the Quality Improvement Division is organized into six (6) major domains, which include: Service Delivery Capacity, Accessibility of Services, Beneficiary Satisfaction, Clinical Goals, Continuity of Care, and Provider Appeals. Each domain is designed to address service needs and the quality of services provided. The Quality Improvement Program is a customer focused program dedicated to fostering consumer focused culturally competent services and improving access to underserved populations.

The total population in the County of Los Angeles is currently estimated in excess of ten million people and it is one of the most ethnically diverse in the nation. The estimated distribution by ethnicity in the County of Los Angeles by the major designated ethnic categories is: Latinos at 47.3%, Whites at 29.8%, Asian and Pacific Islanders at 13.4%, African Americans at 9.1%, and Native Americans at 0.4%. During FY 2009-2010, the Department provided mental health services in the eight service areas to approximately 205,173 persons in outpatient Short Doyle/Medi-Cal facilities that included adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

In 2010 the Department collaborated with the CDMH in pilot testing a random sampling approach for the MHSIP consumer satisfaction survey. Selected items from the survey are used by the Department as performance outcome measures guiding quality improvement activities. This report details overall consumer satisfaction survey results and longitudinal trending for the performance outcomes. Results from the 2010 surveys will be utilized as they become available.

This report details total population and disparity analysis by each service area including those estimated populations with unmet needs. Further, it details progress made in achieving the established 2010 QI goals in the six major domains. This report also contains a description of the QI Work Plan goals for CY 2011 and includes: an overview of the QI Program, demographics for the use of penetration and retention rates for target populations, planned activities, and supporting information and data for the Quality Improvement Work Plan for CY 2011.

Departmental Bureaus and Divisions including the Planning Division, Emergency Outreach Bureau, Patients Rights Office, Office of the Medical Director, ACCESS Center staff, and Service Area Quality Improvement Committees have contributed to this report.

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Introduction

The County of Los Angeles Department of Mental Health (LACDMH) Vision is: "Partnering with clients, families and communities to create hope, wellness, and recovery." LACDMH has an ever increasing focus on outcomes, continuous quality improvement and consumer satisfaction for effective service delivery and accessibility. LACDMH also faces increasing population demographic challenges. LACDMH is successfully meeting these challenges through the implementation of the Mental Health Services Act (MHSA) Plans. These Plans are essential to the fulfillment of the Mission of: "Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency" and the values of "Integrity, Respect, Accountability, Collaboration, Dedication, Transparency, Quality and Excellence."

It is important to note that the goals of the "Presidents New Freedom Commission on Mental Health – Transforming Mental Health Care in America" (July 2003), the Institute of Medicine's (IOM's) "Crossing the Chasm", and the SAMHSA/CMHS, NASMHPD Research Institute (NRI) National Outcome Measures (NOM's), have served to guide the LACDMH's direction and selection of Performance Outcomes and goals for improved quality. This national perspective has provided a valuable framework for transformation of the system through measurable indicators that were identified by consumers and other stakeholders throughout the nation as having universal meaning and significance for improving the lives of the persons we serve.

This report is completed in compliance with the Mental Health Plan reporting requirements of the Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.440, concerning Quality Improvement.

Section 1

QUALITY IMPROVEMENT PROGRAM DESCRIPTION

Quality Improvement Program Structure

The Quality Improvement Division (QID) is under the direction of the Deputy Director for the Program Support Bureau (PSB). The QI Division is responsible for coordinating and managing the Quality Improvement Program, which plans, designs, organizes, directs, and sustains the quality improvement activities and initiatives of the LACDMH. The structure and processes of the QI Program are defined in Policy and Procedure 105.1, Quality Improvement Program Policy, to ensure that the quality and appropriateness of mental health services meets and exceeds local, State, and Federal established standards. The state standards are set by the State Department of Mental Health through the Medi-Cal Performance Contract. The QI Program is also designed to support QI oversight functions for both directly operated and contracted providers for the County's public mental health system, with a focus on a culture of continuous quality improvement processes.

The QID includes the Data Unit that is specifically responsible for data collection, analyses and reporting for planning and measuring progress towards goal attainment including; outcome measures for improved service capacity, accessibility, quality, cultural competency, penetration and retention rates, continuity and coordination of care, clinical care and consumer/family satisfaction. The QID and Data Unit staff coordinates with the Department's Standards and Quality Assurance Division and those Bureaus and Units directly responsible for conducting performance management activities such as: client and system outcomes, grievances, appeals, clinical issues, clinical records documentation and reviews, provider appeals, accessibility, timeliness of services, and Performance Improvement Projects (PIPs). The analysis of data is used as a key tool for performance management and decision making; paying particular attention to data for use in monitoring the system, with the goal of improved services and improved quality of care.

The Departmental Countywide QIC is chaired by the Program Support Bureau, District Chief, for the Quality Improvement and Training Divisions. It is Co-Chaired by the Regional Medical Director from the Office of the Medical Director. The District Chief for the Quality Improvement Division also participates on the Southern California QIC, the Statewide QIC, and the LACDMH STATS.

The LACDMH Quality Improvement structure is formally integrated within several key levels of the service delivery system. The Department's Countywide Quality Improvement Council (QIC) meets monthly and consists of representation from each of the eight (8) Services Areas and Countywide DMH programs, including consumers and/or family members, Cultural Competency Committee representatives, and other QI stakeholders. At the Service Area level, all Service

Areas have their own regular Service Area Quality Improvement Committee (SA QIC) meetings and the SA QIC Chairpersons are standing members of the Departmental Countywide QIC. Whenever possible, each Service Area has a Chairperson and Co-Chairperson or two Co-Chairpersons with one representing Directly Operated Providers and the other representing Contract Providers. At the provider level, all Directly Operated and Contracted Organizational Providers maintain their own Organizational QIC. In order to ensure that the QIC communication feedback loop is complete, all Service Area Organizational Providers are required to participate in their local SA QIC. This also constitutes a structure supportive of effective communication between Providers and Service Area QICs, to the Quality Improvement Council, to the intended management structures and back through the system. Lastly, there is a communication loop between the SA QIC Chairperson and/or Co-Chairpersons and the respective Service Area District Chiefs and Service Area Advisory Committee (SAAC) that is comprised of consumers, family members, providers and the LACDMH staff. The SAACs provide valuable information for program planning and opportunities for program and service improvement. SAAC's are a centralized venue for improved consumer/family member participation at the SA QIC level. The Quality Improvement Handbook, updated June 2010, is designed to be a reference for the QI structure and process providing guidelines for the functions and responsibilities of QIC members at all levels of participation.

The LACDMH Cultural Competency Coordinator is under the Program Support Bureau, Planning Division, and is also the Chairperson for the Departmental Countywide QIC Cultural Competency Committee. This structure facilitates system wide communication and collaboration for attaining the goals set forth in the Cultural Competency Plan and with the Departmental QI Work Plan for the provision of improved culturally competent services. The Cultural Competency Coordinator reports relevant activities and decisions at each monthly Departmental Quality Improvement Meeting.

Quality Improvement Processes

The ultimate goal of QI Program performance outcomes and evaluation processes is to ensure a culture and system of continuous self-monitoring and self-correcting quality improvement strategies and best practices, at all levels of the system.

The Quality Improvement Program works in collaboration with Bureaus and Programs responsible for performance management activities, to develop the Annual QI Work Plan and monitor the established QI measurable goals, for the system as a whole. The Annual QI Work Plan is evaluated annually to produce the QI Work Plan Evaluation Report and the revised QI Work Plan for the following year. The Quality Improvement Program consists of dynamic processes that occur continuously throughout the year and require that interventions be applied based upon collected and analyzed information and data. This also requires collaboration

with Integrated Systems (IS) staff and other resources whenever possible. The QI Program processes can be categorized into seven (7) main categories, which include: Service Delivery Capacity, Service Accessibility, Beneficiary Satisfaction, Clinical Issues, Continuity of Care, Provider Appeals, and Performance Improvement Projects.

The QI Division is also responsible for the formal reporting on the effectiveness of QI processes through the development and completion of the State and County Performance Outcomes Report. The County Outcomes which reflect QI measures were initiated in January 2008 at the request of the County of Los Angeles Board of Supervisors and reflect three critical domains of importance to our system. These domains are *Access to Services*, *Consumer/Family Satisfaction* and *Clinical Effectiveness*. The performance measures were selected by a representative group of stakeholders and the methodology is described in detail in the QI State & County Performance Outcomes Report dated August 2009. The report may be found online at http://psbqi.dmh.lacounty.gov/data.htm.

The Departmental Countywide QIC systematically and formally exchanges quality improvement information, data, and performance updates on QI goals and Performance Improvement Projects. These communications are documented in QI meeting minutes, website postings, and other reports as appropriate. The QI Division staff prepares updates for goal targets through Quality Improvement Work Plan Implementation Status Reports that are discussed and distributed at the Departmental QIC Meetings. These QI Reports are also shared within the SA QIC Meetings. The QI Work Plan Implementation Status Reports may be found online at http://psbqi.dmh.lacounty.gov/QI.htm. The Departmental QI Program also engages and supports the SA QICs in QI processes related to the QI Work Plan, specific PIPs, and other QI projects at the SA level. In turn, SA QICs provide a structured forum for the identification of QI opportunities and action designed specifically to address the challenges and barriers encountered at the SA level and that may exist as a priority in a SA. SA QICs also engage and support Organizational QICs that are focused on their internal Organizational QI Programs and activities. The Organizational QICs also conduct internal monitoring to ensure performance standards are met that are consistent with Quality Assurance and Quality Improvement standards.

The following evaluative report assesses the performance outcomes identified in the County Quality Improvement Work Plan for Calendar Year 2010. The foundation for this evaluation is presented in the context of population demographics, both Countywide and by Service Area as well as other clinical and consumer satisfaction data, including longitudinal data. Evaluation of the Quality Improvement Work Plan results in analytical findings that inform appropriate revisions to the set goals and objectives for the subsequent year.

Section 2

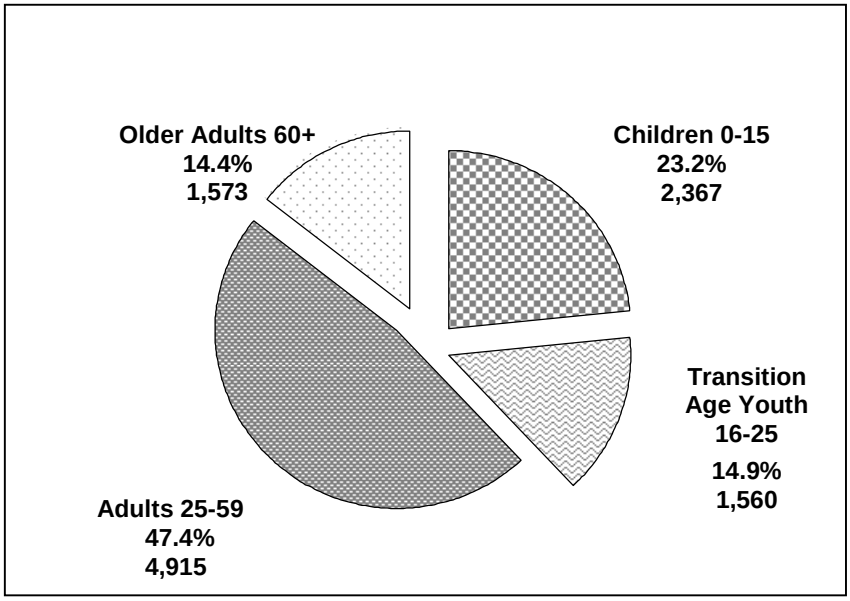
POPULATION NEEDS ASSESSMENT

This section presents data illustrating the Estimated Population of the County of Los Angeles. Additionally, the data in this section serves as a needs assessment that identifies potential service delivery needs for various segments of the Estimated Population. The data are presented by Service Area to better identify need at the local level. The data show the Estimated Prevalence of SED and SMI among the Total Population; the Estimated Population living at or below 200% Federal Poverty Level; and, the Estimated Prevalence of SED and SMI living at or below 200% Federal Poverty Level. This set of data coupled with Medi-Cal Enrollment Rates and Consumers Served data provide a basis for the analysis of need for unserved and underserved populations.

Estimated Population

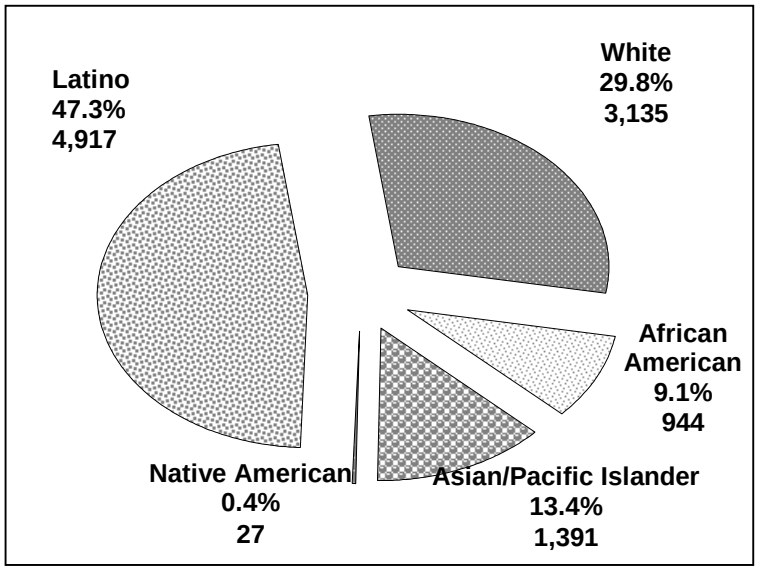
The County of Los Angeles is the most populous County in the United States with an estimated population of 10,418,695 people in CY 2009. As shown in **Fig. 1**, the Estimated Population by Age Group is the highest among Adults at 47.4%, followed by Children at 23.2%, Transition Age Youth (TAY) at 14.9% and Older Adults at 14.4%. The Estimated Population by Ethnicity as shown in **Fig. 2** is the highest among Latinos at 47.3%, followed by Whites at 29.8%, Asian/Pacific Islanders at 13.4%, African-Americans at 9.1% and Native Americans at 0.4%. Note: Not shown is the Estimated Population by Gender which 51% Female and 49% Male.

FIGURE 1: ESTIMATED POPULATION BY AGE GROUP CY 2009



Population number in thousands.

FIGURE 2: ESTIMATED POPULATION BY ETHNICITY CY 2009



Population number in thousands.

TABLE 1: ESTIMATED POPULATION BY ETHNICITY AND SERVICE AREA - CY 2009

Service Area (SA)	African American	Asian/Pacific Islander	Latino	Native American	White	SA Total
SA 1	51,798	14,191	141,466	2,036	158,546	368,037
Percent	14.1%	3.9%	38.4%	**0.55%**	43.1%	**3.5%**
SA 2	77,270	232,702	856,431	5,940	1,042,396	2,214,739
Percent	3.5%	10.5%	38.7%	0.27%	47.1%	**21.3%**
SA 3	80,118	475,563	858,245	4,564	465,376	1,883,866
Percent	4.3%	**25.2%**	45.6%	0.24%	24.7%	18.1%
SA 4	72,347	204,535	685,303	3,389	279,497	1,245,071
Percent	5.8%	16.4%	55.0%	0.27%	22.4%	12.0%
SA 5	43,233	78,898	107,898	1,371	420,012	651,412
Percent	6.6%	12.1%	**16.6%**	0.21%	**64.5%**	6.3%
SA 6	332,850	18,710	671,881	1,729	26,087	1,051,257
Percent	**31.7%**	**1.8%**	63.9%	**0.16%**	**2.5%**	10.1%
SA 7	37,271	121,949	983,782	4,214	235,239	1,382,455
Percent	**2.7%**	8.8%	**71.2%**	0.30%	17.0%	13.3%
SA 8	249,265	244,947	612,638	4,369	508,040	1,619,259
Percent	15.4%	15.1%	37.8%	0.27%	31.4%	15.5%
Countywide	944,152	1,391,495	4,917,644	27,612	3,135,193	10,416,096
Percent	9.1%	13.4%	47.2%	0.27%	30.1%	100.0%

Note: Bold represents the highest and lowest percent in each group.

Table 1 shows statistically significant differences in Estimated Population by Ethnicity and Service Area (SA) in CY 2009.

Overall SA 2 at 21.3% has the highest percent of population living in Los Angeles County as compared with the lowest percent in SA 1 at 3.5%.

Differences by Ethnicity

SA 6 at 31.7% has the highest percent of African Americans as compared with the lowest percent in SA 7 at 2.7%.

SA 3 at 25.2% has the highest percent of Asian/Pacific Islanders as compared with the lowest percent in SA 6 at 1.8%.

SA 7 at 71.2% has the highest percent of Latinos as compared with the lowest percent in SA 5 at 16.6%.

SA 1 at 0.55% has the highest percent of Native Americans as compared with the lowest percent in SA 6 at 0.16%.

SA 5 at 64.5 % has highest percent of Whites as compared with the lowest percent in SA 6 at 2.5%.

FIGURE 3: ESTIMATED POPULATION BY ETHNICITY BETWEEN CY 2006 AND CY 2009

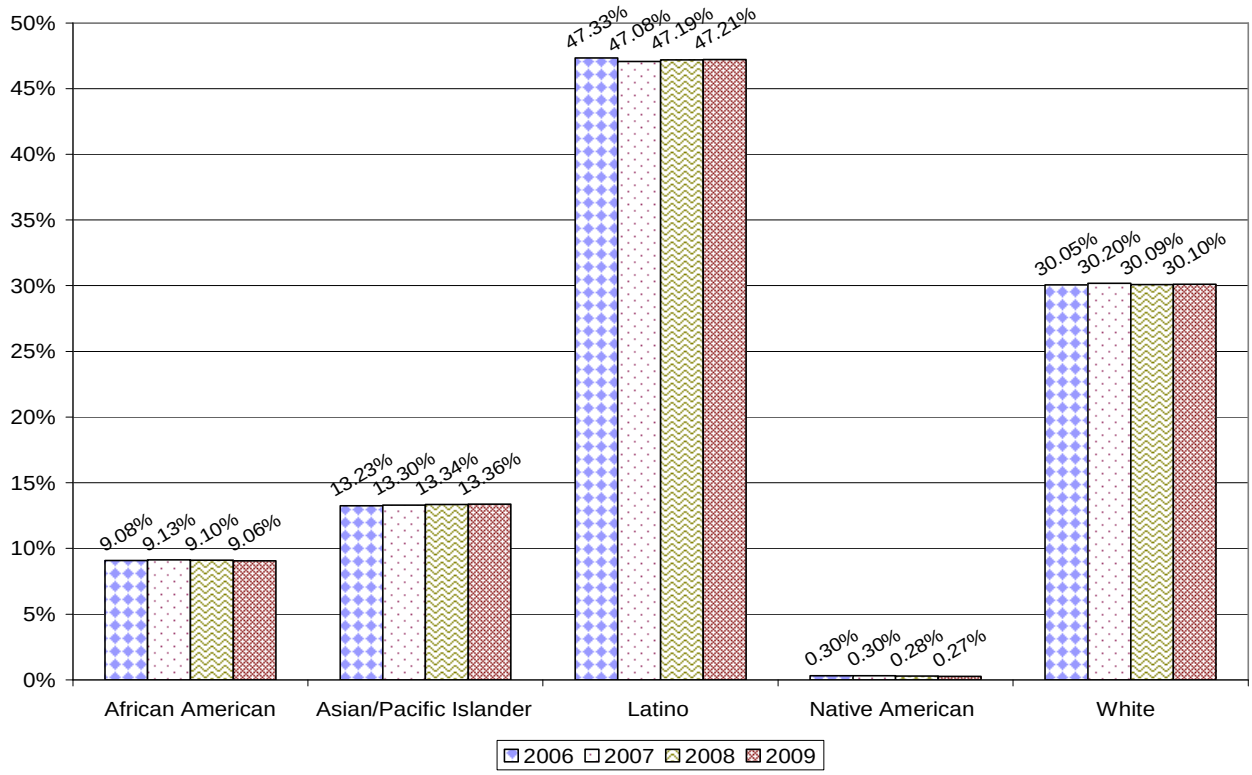


Figure 3 shows the four-year trend in the Estimated Population by Ethnicity between 2006 and 2009.

The African-American population decreased by 0.02% from 9.08% in 2006 to 9.06% in 2009.

The Asian/Pacific Islander population increased by 0.13% from 13.23% in 2006 to 13.36% in 2009.

The Latino population decreased by 0.12% from 47.33% in 2006 to 47.21% in 2009.

The Native American population decreased by 0.03% from 0.30% in 2006 to 0.27% in 2009.

The White population increased by 0.05% from 30.05% in 2006 to 30.10% in 2009.

TABLE 2: ESTIMATED POPULATION BY AGE GROUP AND SERVICE AREA- CY 2009

Service Area (SA)	Children 0-15	Transition Age Youth (TAY) 16-25	Adults 26-59	Older Adults 60+	SA Total
SA 1	92,896	71,622	158,851	44,668	368,037
Percent	25.2%	**19.5%**	43.2%	12.1%	**3.5%**
SA 2	477,735	320,230	1,065,393	352,374	2,214,739
Percent	21.6%	14.5%	48.1%	15.9%	**21.3%**
SA 3	404,036	294,364	875,286	310,180	1,883,866
Percent	21.4%	15.6%	46.5%	16.5%	18.1%
SA 4	263,060	153,285	644,540	182,299	1,245,071
Percent	21.2%	12.3%	51.8%	14.7%	12.0%
SA 5	103,946	71,653	347,597	128,587	651,412
Percent	**15.9%**	**11.0%**	**53.3%**	**19.7%**	6.3%
SA 6	310,951	184,773	444,666	111,320	1,051,257
Percent	**29.6%**	17.6%	**42.3%**	**10.6%**	10.1%
SA 7	344,547	226,268	620,835	190,805	1,382,455
Percent	24.9%	16.4%	44.9%	13.8%	13.3%
SA 8	370,421	237,972	758,153	252,783	1,619,259
Percent	22.9%	14.7%	46.8%	15.6%	15.5%
Countywide	2,367,592	1,560,167	4,915,321	1,573,016	10,416,096
Percent	22.7%	15.0%	47.2%	15.1%	100.0%

Note: Bold represents the highest and lowest percent in each group.

Table 2 shows statistically significant differences in the Estimated Population by Age Group and Service Area in CY 2009.

Differences by Age Group

SA 6 at 29.6% has the highest percent of Children as compared with the lowest percent in SA 5 at 15.9%.

SA 1 at 19.5% has the highest percent of TAY as compared with the lowest percent in SA 5 at 11.0%.

SA 5 at 53.3% has the highest percent of Adults as compared with the lowest percent in SA 6 at 42.3%.

SA 5 at 19.7% has the highest percent of Older Adults as compared with the lowest percent in SA 6 at 10.6%.

FIGURE 4: ESTIMATED POPULATION BY AGE GROUP BETWEEN CY 2006 AND CY 2009

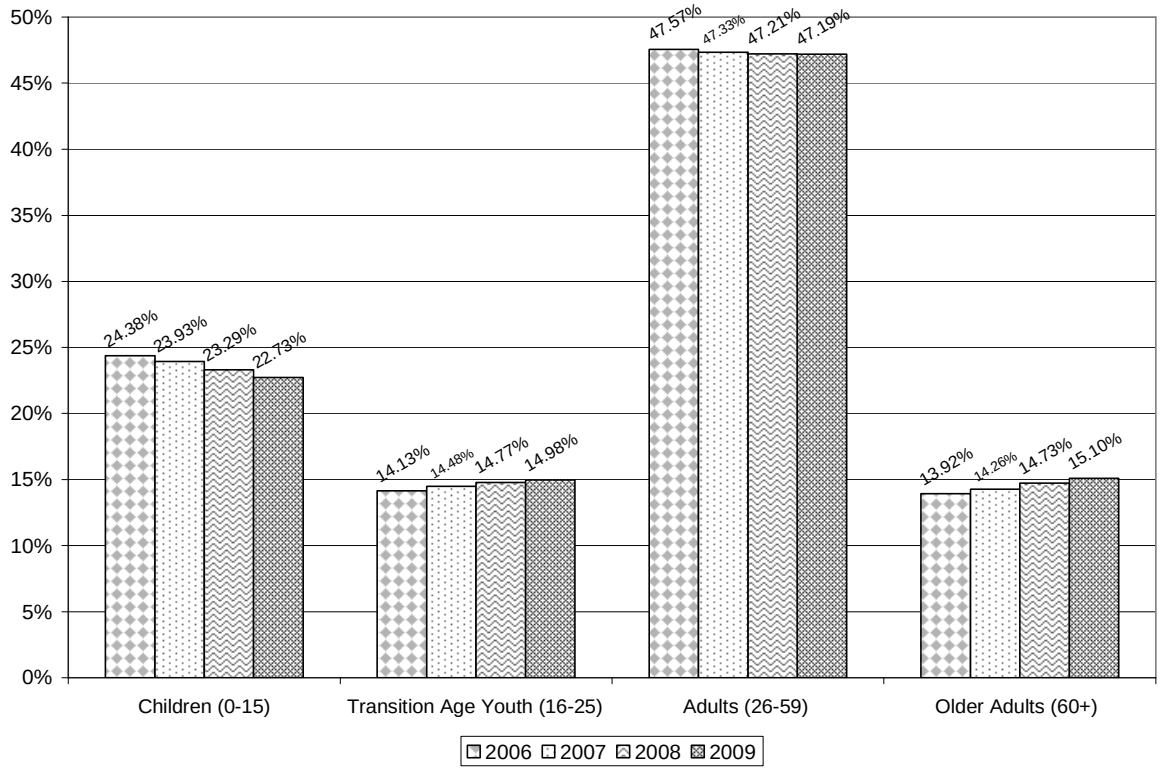


Figure 4 shows the four-year trend in the Estimated Population by Age Group between CY 2006 and CY 2009.

Children decreased by 1.65% from 24.38% in 2006 to 22.73% in 2009.

TAY increased by 0.85% from 14.13% in 2006 to 14.98% in 2009.

Adults decreased by 0.38% from 47.57% in 2006 to 47.19% in 2009.

Older Adults increased by 1.18% from 13.92% in 2006 to 15.10% in 2009.

TABLE 3: ESTIMATED POPULATION BY GENDER AND SERVICE AREA – CY 2009

Service Area (SA)	Male	Female	SA Total
SA 1	184,874	183,163	368,037
Percent	50.0%	50.0%	**3.5%**
SA 2	1,103,206	1,112,526	2,214,739
Percent	50.0%	50. 0%	**21.3%**
SA 3	923,307	960,559	1,883,866
Percent	**49.0%**	**51.0%**	18.1%
SA 4	638,924	604,260	1,245,071
Percent	**51.0%**	**49.0%**	12.0%
SA 5	316,627	335,156	651,412
Percent	**49.0%**	**51.0%**	6.3%
SA 6	514,938	536,772	1,051,257
Percent	**49. 0%**	**51.0%**	10.1%
SA 7	684,364	698,091	1,382,455
Percent	50.0%	50.0%	13.3%
SA 8	795,324	824,005	1,619,259
Percent	**49.0%**	**51.0%**	15.5%
Countywide	**5,161,564**	**5,254,532**	**10,416,096**
Percent	50.0%	50.0%	100.0%

Note: Bold represents highest and lowest of each group.

Table 3 shows statistically significant differences in the Estimated Population by Gender and Service Area in CY 2009.

Differences by Gender

SA 4 at 51.0% has the highest percent of Males as compared with the lowest percent in SAs 3, 5, 6 and 8 at 49.0%.

SAs 3, 5, 6 and 8 have the highest percent of Females at 51% as compared with the lowest percent in SA 4 at 49%.

TABLE 4: ESTIMATED PREVALENCE OF SED & SMI[1] AMONG TOTAL POPULATION BY ETHNICITY AND SERVICE AREA-CY 2009

Service Area (SA)	African American	Asian/ Pacific Islander	Latino	Native American	White
SA 1	3,719	993	10,836	134	10,020
Percent	14.5%	3.9%	42.2%	**0.5%**	39.0%
SA 2	5,548	16,289	65,603	391	65,879
Percent	3.6%	10.6%	42.7%	0.3%	42.9%
SA 3	5,752	33,289	65,742	301	29,412
Percent	4.3%	**24.8%**	48.9%	0.2%	21.9%
SA 4	5,195	14,317	52,494	223	17,664
Percent	5.8%	15.9%	58.4%	0.2%	19.7%
SA 5	3,104	5,523	8,265	90	26,545
Percent	7.1%	12.7%	**19.0%**	0.2%	**61.0%**
SA 6	23,899	1,310	51,466	114	1,649
Percent	**30.5%**	**1.7%**	65.6%	**0.1%**	**2.1%**
SA 7	2,676	8,536	75,358	278	14,867
Percent	**2.6%**	8.4%	**74.1%**	0.3%	14.6%
SA 8	17,897	17,146	46,928	288	32,108
Percent	15.6%	15.0%	41.0%	0.3%	28.1%
Countywide	**67,790**	**97,405**	**376,692**	**1,820**	**198,144**
Percent	**9.1%**	13.1%	50.8%	0.2%	26.7%
Prevalence Rate[2,3] for SED & SM	**7.2%**	**7.0%**	**7.7%**	**6.6%**	**6.3%**

Note: Bold represents highest and lowest of each group.

[1] SED=Serious Emotional Disturbance (Children), SMI=Serious Mental Illness (Adults)

[2] Estimated Prevalence Rates provided by California State Department of Mental Health

[3] Estimated Prevalence Rate for the total population is 6.78% and varies by each ethnic group as shown in Table 4.

Table 4 shows statistically significant differences in the Estimated Prevalence of SED & SMI among Total Population by Ethnicity and Service Area (SA) in CY 2009.

Differences by Ethnicity

SA 6 at 30.5% has the highest percent of African-Americans estimated with SED and SMI as compared to the lowest percent in SA 7 at 2.6%.

SA 3 at 24.8% has highest percent of Asian/Pacific Islanders estimated with SED and SMI as compared with the lowest percent in SA 6 at 1.7%.

SA 7 at 74.1% has highest percent of Latinos estimated with SED and SMI as compared with the lowest percent in SA 5 at 19.0%.

SA 1 at 0.5% has the highest percent of Native Americans estimated with SED and SMI as compared with the lowest percent in SA 6 at 0.1%.

SA 5 at 61% has the highest percent of Whites estimated with SED and SMI as compared with the lowest percent in SA 6 at 2.1%.

TABLE 5: ESTIMATED PREVALENCE OF SED & SMI[1] AMONG TOTAL POPULATION BY AGE GROUP AND SERVICE AREA – CY 2009

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60+ yrs
SA 1	7,255	6,052	9,515	2,332
Percent	28.8%	**24.1%**	37.8%	9.3%
SA 2	37,311	27,059	63,817	18,394
Percent	25.5%	18.5%	43.5%	12.5%
SA 3	31,555	24,874	52,430	16,191
Percent	25.2%	19.9%	41.9%	12.9%
SA 4	20,545	12,953	38,608	9,516
Percent	25.2%	15.9%	47.3%	11.7%
SA 5	8,118	6,055	20,821	6,712
Percent	**19.5%**	**14.5%**	**49.9%**	**16.1%**
SA 6	24,285	15,613	26,635	5,811
Percent	**33.6%**	21.6%	**36.8%**	**8.0%**
SA 7	26,909	19,120	37,188	9,960
Percent	28.9%	20.5%	39.9%	10.7%
SA 8	28,930	20,109	45,413	13,195
Percent	26.9%	18.7%	42.2%	12.3%
Countywide	**184,909**	**116,232**	**294,428**	**81,797**
Percent	27.3%	17.2%	43.5%	12.1%
Prevalence Rate[2,3] for SED & SMI	**7.8%**	**8.4%**	**6.0%**	**5.2%**

Note: Bold represents highest and lowest of each group.
[1] SED=Serious Emotional Disturbance, SMI=Serious Mental Illness
[2] Estimated Prevalence Rates provided by California State Department of Mental Health
[3] Estimated Prevalence Rate for the total population is 6.78% and varies by each age-group as shown in Table 5.

Table 5 shows statistically significant differences in the Estimated Prevalence of SED & SMI among Total Population by Age Group and Service Area (SA) in CY 2009.

Differences by Age Group

SA 6 at 33.6% has the highest percent of Children estimated with SED and SMI as compared with the lowest percent in SA 5 at 19.5%.

SA 1 at 24.1% has the highest percent of TAY estimated with SED and SMI as compared with the lowest percent in SA 5 at 14.5%.

SA 5 at 49.9% has the highest percent of Adults estimated with SED and SMI as compared with the lowest percent in SA 6 at 36.8%.

SA 5 at 16.1% has the highest percent of Older Adults estimated with SED and SMI as compared with the lowest percent in SA 6 at 8.0%.

TABLE 6: ESTIMATED PREVALENCE OF SED & SMI[1] AMONG TOTAL POPULATION BY GENDER AND SERVICE AREA - CY 2009

Service Area (SA)	Male	Female
SA 1	11,795	14,232
Percent	45.3%	54.7%
SA 2	70,385	86,443
Percent	44.9%	55.1%
SA 3	58,907	74,635
Percent	44.9%	55.1%
SA 4	40,763	46,951
Percent	**46.5%**	**53.5%**
SA 5	20,201	26,042
Percent	**43.7%**	**56.3%**
SA 6	32,853	41,707
Percent	44.1%	55.9%
SA 7	43,662	54,242
Percent	44.6%	55.4%
SA 8	50,742	64,025
Percent	44.2%	55.8%
Total Estimated Population with SED & SMI	**329,308**	**408,277**
Percent	44.6%	55.4%
Prevalence Rate[2,3] for SED & SMI	**6.4%**	**7.8%**

Note: Bold represents highest and lowest of each group.
[1]SED=Serious Emotional Disturbance, SMI=Serious Mental Illness
[2] Estimated Prevalence Rates provided by California State Department of Mental Health
[3] Estimated Prevalence Rate for the total population is 6.78% and varies by gender as shown in Table 6.

Table 6 shows statistically significant differences in the Estimated Prevalence of SED & SMI among Total Population by Gender and Service Area (SA) in CY 2009.

Differences by Gender

SA 4 at 46.5% has the highest percent of Males with SED and SMI as compared with the lowest in SA 5 at 43.7%.

SA 5 at 56.3% has the highest percent of Females with SED and SMI as compared with the lowest in SA 4 at 53.5%.

TABLE 7: ESTIMATED POPULATION LIVING AT OR BELOW 200% FPL BY ETHNICITY AND SERVICE AREA – CY 2009

Service Area (SA)	African American	Asian/Pacific Islander	Latino	Native American	White	SA Total
SA 1	25,972	3,793	60,653	951	36,724	128,093
Percent	20.3%	3.0%	47.4%	**0.7%**	28.7%	**3.4%**
SA 2	28,124	48,887	389,032	2,105	195,702	663,850
Percent	4.2%	7.4%	58.6%	0.3%	29.5%	**17.8%**
SA 3	29,193	136,947	351,751	1,481	79,117	598,489
Percent	4.9%	**22.9%**	58.8%	0.2%	13.2%	16.0%
SA 4	22,343	71,371	412,276	1,187	70,768	577,945
Percent	3.9%	12.3%	71.3%	0.2%	12.2%	15.4%
SA 5	10,689	17,376	41,121	351	65,294	134,831
Percent	7.9%	12.9%	**30.5%**	0.3%	**48.4%**	3.6%
SA 6	147,777	6,995	445,592	522	7,800	608,686
Percent	**24.3%**	**1.1%**	73.2%	**0.1%**	**1.3%**	16.3%
SA 7	14,680	29,755	454,068	1,437	42,283	542,223
Percent	**2.7%**	5.5%	**83.7%**	0.3%	7.8%	14.5%
SA 8	85,668	55,225	271,576	1,146	66,894	480,509
Percent	17.8%	11.5%	56.5%	0.2%	13.9%	12.9%
Countywide Total	**364,446**	**370,349**	**2,426,069**	**9,180**	**564,582**	**3,734,626**
Percent	9.8%	9.9%	65.0%	0.2%	15.1%	100%

Note: Bold represents highest and lowest of each group.
[1] FPL= Federal Poverty Level

Table 7 shows statistically significant differences in the Estimated Population Living at or below 200% Federal Poverty Level (FPL) by Ethnicity and Service Area (SA) in CY 2009.

Differences by Ethnicity

SA 6 at 24.3% has the highest percent of African-Americans living at or below 200% FPL as compared with the lowest percent in SA 7 at 2.7%.

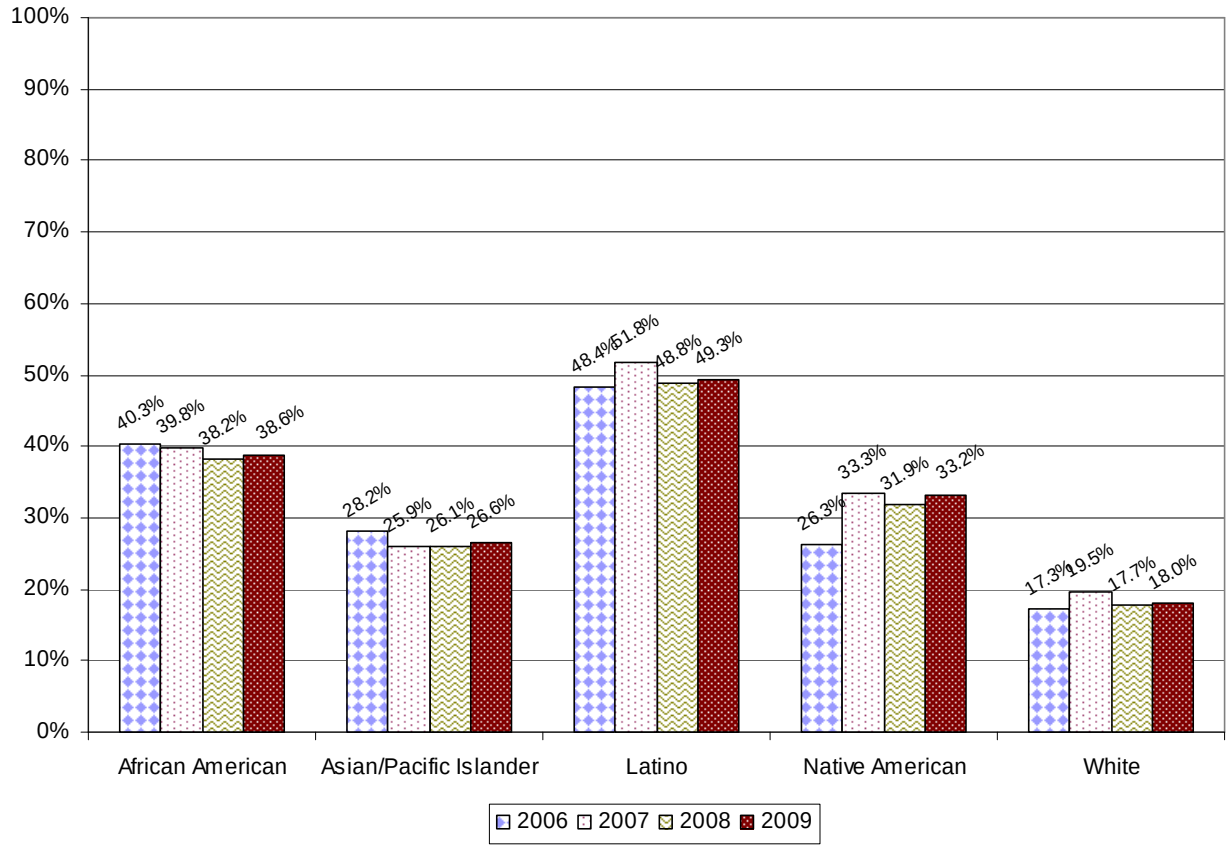
SA 3 at 22.9% has the highest percent of Asian/Pacific Islanders living at or below 200% FPL as compared with the lowest percent in SA 6 at 1.1%.

SA 7 at 83.7% has the highest percent of Latinos living at or below 200% FPL as compared with the lowest percent in SA 5 at 30.5%.

SA 1 at 0.7% has the highest percent of Native Americans living at or below 200% FPL as compared with the lowest percent in SA 6 at 0.1%.

SA 5 at 48.4% has the highest percent of Whites living at or below 200% FPL as compared with the lowest percent in SA 6 at 1.3%.

FIGURE 5: ESTIMATED POVERTY RATE BY ETHNICITY BETWEEN CY 2006 AND CY 2009



Note: Poverty Rate by Ethnicity = Total population living at or below 200% FPL divided by total estimated population in each ethnic group.

Figure 5 shows the Estimated Population Living at or Below 200% Federal Poverty Level (FPL) Four Year Trend by Ethnicity between 2006 and 2009**.**

African-Americans Living at or Below 200% Federal Poverty Level (FPL) show a decrease of 1.7% from 40.3% in 2006 to 38.6% in 2009.

Asian/Pacific Islanders Living at or Below 200% Federal Poverty Level (FPL) show a decrease of 1.6% from 28.2% in 2006 to 26.6% in 2009.

Latinos Living at or Below 200% Federal Poverty Level (FPL) show an increase of 0.9% from 48.4% in 2006 to 49.3% in 2009.

Native Americans Living at or Below 200% Federal Poverty Level (FPL) show an increase of 6.9% from 26.3% in 2006 to 33.2% in 2009.

Whites Living at or Below 200% Federal Poverty Level (FPL) show an increase of 0.7% from 17.3% in 2006 to 18.0% in 2009.

TABLE 8: ESTIMATED POPULATION LIVING AT OR BELOW 200% FPL[1] BY AGE GROUP AND SERVICE AREA - CY 2009

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY)[2] 16-25 yrs	Adults 26-59 yrs	Older Adults 60+ yrs	SA Total
SA 1	40,599	28,017	47,268	12,207	128,093
Percent	31.7%	**21.9%**	**36.9%**	9.5%	**3.4%**
SA 2	194,844	98,518	272,997	97,489	663,850
Percent	29.4%	14.8%	41.1%	14.7%	**17.8%**
SA 3	165,851	100,315	249,213	83,099	598,489
Percent	27.7%	16.8%	41.6%	13.9%	16.0%
SA 4	155,199	75,904	266,759	80,061	577,945
Percent	26.9%	13.1%	46.2%	13.9%	15.4%
SA 5	25,872	15,118	63,358	30,483	134,831
Percent	**19.2%**	**11.2%**	**47.0%**	**22.6%**	**3.6%**
SA 6	218,874	104,837	235,252	49,718	608,686
Percent	**36.0%**	17.2%	38.6%	**8.2%**	16.3%
SA 7	176,064	85,444	220,375	60,309	542,223
Percent	32.5%	15.8%	40.6%	11.1%	14.5%
SA 8	161,351	77,751	185,379	56,010	480,509
Percent	33.6%	16.2%	38.6%	11.7%	12.9%
Countywide	**1,138,654**	**585,904**	**1,540,601**	**469,376**	**3,734,626**
Percent	30.5%	15.7%	41.3%	12.6%	100%

Note: Bold represents highest and lowest of each group.
[1] FPL= Federal Poverty Level

Table 8 shows statistically significant differences in the Estimated Population Living at or below 200% Federal Poverty Level (FPL) by Age Group and Service Area in CY 2009.

Differences by Age Group

SA 6 at 36.0% has the highest percent of Children living at or below 200% FPL as compared with the lowest percent in SA 5 at 19.2%.

SA 1 at 21.9% has the highest percent of TAY living at or below 200% FPL as compared with the lowest percent in SA 5 at 11.2%.

SA 5 at 47.0% has the highest percent of Adults living at or below 200% FPL as compared with the lowest percent in SA 1 at 36.9%.

SA 5 at 22.6% has the highest percent of Older Adults living at or below 200% FPL as compared with the lowest percent in SA 6 at 8.2%.

FIGURE 6: ESTIMATED POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP BETWEEN CY 2006 AND CY 2009

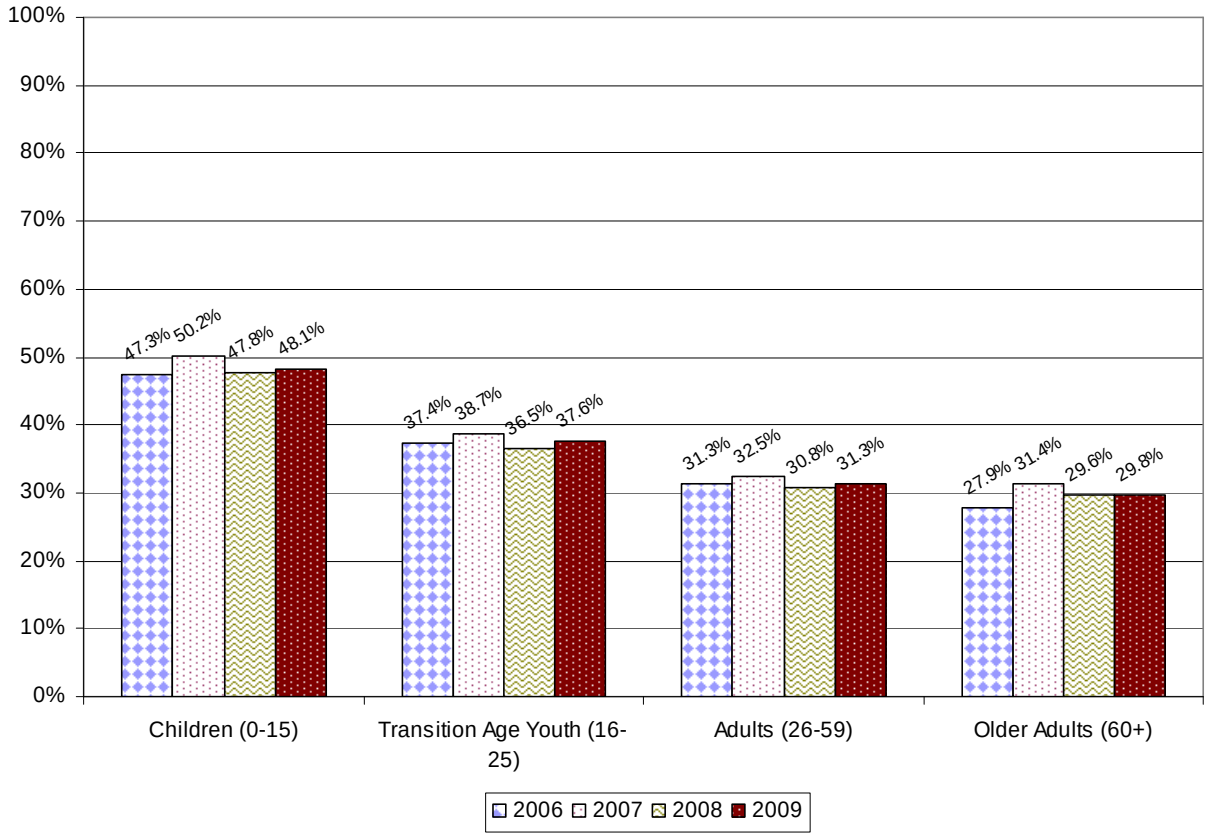


Figure 6 shows the Estimated Population by Age Group Living at or below 200% FPL Four-Year Trend between CY 2006 and 2009.

Children living at or below 200% Federal Poverty Level show an increase of 0.8% from 47.3% in 2006 to 48.1% in 2009.

TAY living at or below 200% Federal Poverty Level increased by 0.2% from 37.4% in 2006 to 37.6% in 2009.

Adults living at or below 200% Federal Poverty Level increased from 31.3% in 2006 to 32.5% in 2007 then decreased to 30.8% in 2008 and returned to the same level at 31.3%, in 2009 as in 2006.

Older Adults living at or below 200% Federal Poverty Level increased by 1.9% from 27.9% in 2006 to 29.8% in 2009.

TABLE 9: ESTIMATED POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL BY GENDER AND SERVICE AREA - CY 2009

Service Area (SA)	Male	Female	SA Total
SA 1	58,780	69,313	128,093
Percent	**45.9%**	**54.1%**	**3.4%**
SA 2	313,879	349,971	663,850
Percent	47.3%	52.7%	**17.8%**
SA 3	282,532	315,957	598,489
Percent	47.2%	52.8%	16.0%
SA 4	281,019	296,926	577,945
Percent	**48.6%**	**51.4%**	15.4%
SA 5	62,444	72,387	134,831
Percent	46.3%	53.7%	3.6%
SA 6	291,224	317,462	608,686
Percent	47.8%	52.2%	16.3%
SA 7	253,982	288,241	542,223
Percent	46.8%	53.2%	14.5%
SA 8	225,336	255,173	480,509
Percent	46.9%	53.1%	12.9%
Countywide	**1,769,196**	**1,965,430**	**3,734,626**
Percent	47.4%	52.6%	100%

Note: Bold represents highest and lowest of each group.

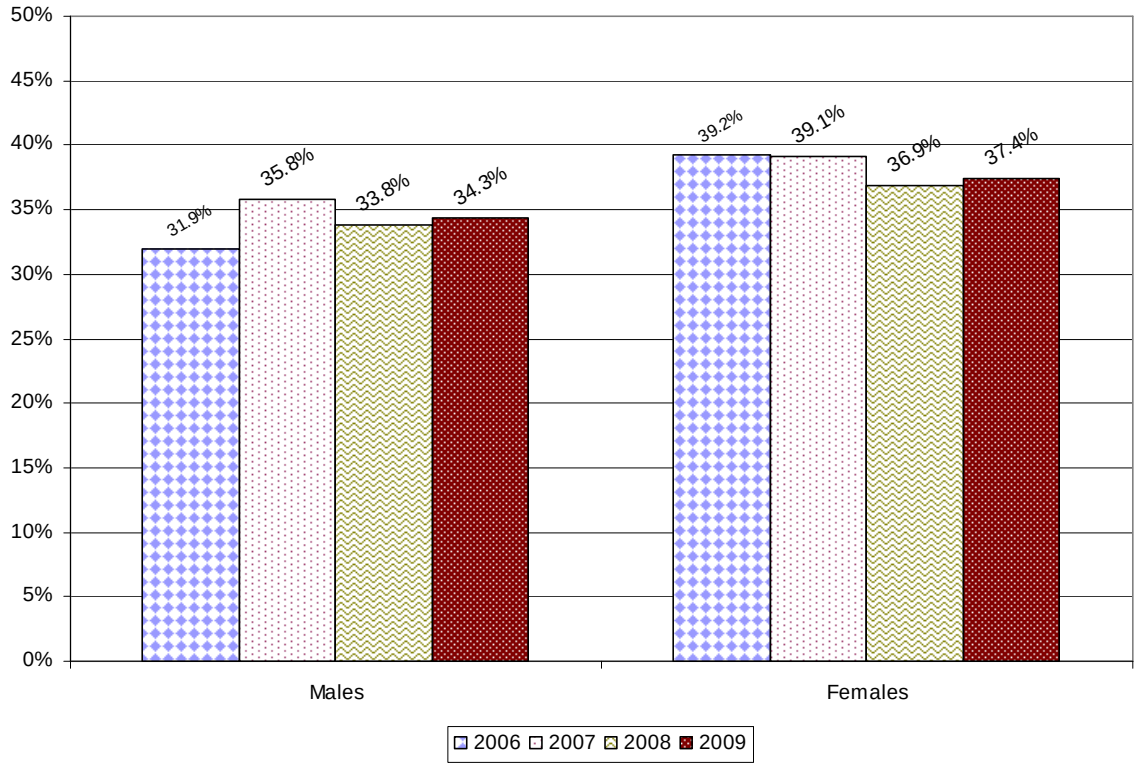
Table 9 shows statistically significant differences in the Estimated Population Living at or below 200% Federal Poverty Level (FPL) by Gender and Service Area (SA) in CY 2009.

Differences by Gender

SA 4 at 48.6% has the highest percent of Males living at or below 200% FPL as compared with the lowest percent in SA 1 at 45.9%.

SA 1 at 54.1% has the highest percent of females living at or below 200% FPL as compared with the lowest percent in SA 4 at 51.4%.

FIGURE 7: ESTIMATED POVERTY RATE[1] BY GENDER BETWEEN CY 2006 AND 2009



[1] Note: Poverty Rate by Gender = males and females living at or below 200% FPL divided by total estimated population by gender.

Figure 7 shows the four-year trend in the Estimated Population Living at or Below 200% FPL by Gender between CY 2006 and 2009.

Males living at or below 200% Federal Poverty Level increased by 2.4%, from 31.9% in 2006 to 34.3% in 2009.

Females living at or below 200% Federal Poverty Level decreased by 1.8%, from 39.2% in 2006 to 37.4% in 2009.

TABLE 10: ESTIMATED PREVALENCE OF SED & SMI[1] AMONG POPULATION LIVING AT OR BELOW 200% FPL[2] BY ETHNICITY AND SERVICE AREA – CY 2009

Service Area (SA)	African American	Asian/Pacific Islander	Latino	Native American	White
SA 1	2,254	341	5,386	72	3,213
Percent	20.0%	3.0%	47.8%	**0.6%**	28.5%
SA 2	2,441	4,395	34,546	160	17,124
Percent	4.2%	7.5%	58.9%	0.3%	29.2%
SA 3	2,534	12,312	31,235	113	6,923
Percent	4.8%	**23.2%**	58.8%	0.2%	13.0%
SA 4	1,939	6,416	36,610	90	6,192
Percent	3.8%	12.5%	71.4%	0.2%	12.1%
SA 5	928	1,562	3,652	27	5,713
Percent	7.8%	13.1%	**30.7%**	0.2%	**48.1%**
SA 6	12,827	629	39,569	40	683
Percent	**23.9%**	**1.2%**	73.6%	**0.1%**	**1.3%**
SA 7	1,274	2,675	40,321	109	3,700
Percent	**2.6%**	5.6%	**83.9%**	0.2%	7.7%
SA 8	7,436	4,965	24,116	87	5,853
Percent	17.5%	11.7%	56.8%	0.2%	13.8%
Total Estimated Population with SED & SMI	**31,634**	**33,294**	**215,435**	**699**	**49,401**
Percent	9.6%	10.1%	65.2%	0.2%	14.9%
Prevalence Rate[3,4] for SED & SMI	**8.68%**	**8.99%**	**8.88%**	**7.61%**	**8.75%**

Note: Bold represents highest and lowest of each group
[1] SMI-Serious Mental Illness; SED=Serious Emotional Disorder
[2] FPL=Federal Poverty Level
[3] Estimated Prevalence Rates provided by California State Department of Mental Health.
[4] Estimated Prevalence Rate for population living at or below 200% FPL is 7.5% and varies by each ethnic group as shown in Table 10.

Table 10 shows the statistically significant differences in the Estimated Prevalence of SED and SMI Among Population Living At or Below 200% Federal Poverty Level (FPL) by Ethnicity and Service Area (SA) in CY 2009.

Differences by Ethnicity

SA 6 at 23.9 has highest percent of African-Americans living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 7 at 2.6%.

SA 3 at 23.2% has highest percent of Asian/Pacific Islanders living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 1.2%.

SA 7 at 83.9% has highest percent of Latinos living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 5 at 30.7%.

SA 1 at 0.6% has the highest percent of Native Americans living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 0.1%.

SA 5 at 48.1% has the highest percent of Whites living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 1.3%.

TABLE 11: ESTIMATED PREVALENCE OF SED & SMI[1] AMONG POPULATION LIVING AT OR BELOW 200% FPL[2] BY AGE GROUP AND SERVICE AREA – CY 2009

Service Area (SA)	Children 0-15 yrs	Transition Age Youth (TAY) 16-25 yrs	Adults 26-59 yrs	Older Adults 60+ yrs
SA 1	3,642	2,762	3,209	834
Percent	34.9%	**26.4%**	**30.7%**	8.0%
SA 2	17,478	9,714	18,536	6,658
Percent	33.4%	18.5%	35.4%	12.7%
SA 3	14,877	9,891	16,922	5,676
Percent	31.4%	20.9%	35.7%	12.0%
SA 4	13,921	7,484	18,113	5,468
Percent	30.9%	16.6%	40.3%	12.2%
SA 5	2,321	1,491	4,302	2,082
Percent	**22.8%**	**14.6%**	**42.2%**	**20.4%**
SA 6	19,633	10,337	15,974	3,396
Percent	**39.8%**	21.0%	32.4%	**6.9%**
SA 7	15,793	8,425	14,963	4,119
Percent	36.5%	19.5%	34.6%	9.5%
SA 8	14,473	7,666	12,587	3,825
Percent	37.5%	19.9%	32.7%	9.9%
Total Estimated Population with SED & SMI	**102,137**	**57,770**	**104,607**	**32,058**
Percent	34.4%	19.5%	35.3%	10.8%
Prevalence Rate[3,4] for SED & SMI	**8.9%**	**9.8%**	**6.8%**	**6.8%**

Note: Bold represents highest and lowest of each group.
[1] SED=Serious Emotional Disorder; SMI=Serious Mental Illness
[2] Federal Poverty Level (FPL)
[3] Estimated Prevalence Rates provided by California State Department of Mental Health.
[4] Estimated Prevalence Rate for population living at or below 200% FPL is 7.5% and varies by each age-group as shown in Table 11.

Table 11 shows statistically significant differences in the Estimated Prevalence of SED and SMI among Population Living at or below 200% Federal Poverty Level (FPL) by Age Group and Service Area (SA) in CY 2009.

Differences by Age Group

SA 6 at 39.8% has the highest percent of Children living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 5 at 22.8%.

SA 1 at 26.4% has the highest percent of TAY living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 5 at 14.6%.

SA 5 at 42.2% has the highest percent of Adults living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 1 at 30.7%.

SA 5 at 20.4% has the highest percent of Older Adults living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 6.9%.

TABLE 12: ESTIMATED PREVALENCE OF SED & SMI[1] AMONG POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY GENDER AND SERVICE AREA CY 2009

Service Area (SA)	Male	Female
SA 1	4,567	6,730
Percent	**40.4%**	**59.6%**
SA 2	24,388	33,982
Percent	41.8%	58.2%
SA 3	21,953	30,679
Percent	41.7%	58.3%
SA 4	21,835	28,832
Percent	**43.1%**	**56.9%**
SA 5	4,852	7,029
Percent	40.8%	59.2%
SA 6	22,628	30,826
Percent	42.3%	57.7%
SA 7	19,734	27,988
Percent	41.3%	58.6%
SA 8	17,509	24,777
Percent	41.4%	58.6%
Total Estimated Population with SED & SMI	137,467	190,843
Percent	**41.9%**	**58.1%**
Prevalence Rate' for SED & SMI	**7.8%**	**9.7%**

Note: Bold represents highest and lowest of each group.
[1] SED=Serious Emotional Disturbance; SMI=Serious Mental Illness.

Table 12 shows the statistically significant differences of Estimated Prevalence SED and SMI among Population Living at or below 200% Federal Poverty Level by Gender and Service Area (SA) in CY 2009.

TABLE 13: POPULATION ENROLLED IN MEDI-CAL BY ETHNICITY AND SERVICE AREA – MARCH 2010

Service Area (SA)	African American	Asian/Pacific Islander	Latino	Native American	White	SA Total
SA 1	23,098	3,181	45,480	236	17,490	89,485
Percent	25.8%	3.6%	50.8%	**0.3%**	19.5%	4.6%
SA 2	13,351	31,260	199,158	395	107,102	351,266
Percent	3.8%	8.9%	56.7%	0.1%	30.5%	18%
SA 3	14,326	89,165	189,918	379	29,488	323,276
Percent	4.4%	**27.6%**	58.7%	0.1%	9.1%	16.6%
SA 4	12,739	36,764	164,922	237	27,527	242,189
Percent	5.3%	15.2%	68.1%	0.1%	11.4%	12.4%
SA 5	5,064	4,469	15,159	83	15,801	40,576
Percent	12.5%	11.0%	**37.4%**	0.2%	**38.9%**	2.1%
SA 6	100,552	5,769	237,564	165	6,723	350,773
Percent	**28.7%**	**1.6%**	67.7%	**0.05%**	**1.9%**	18.0%
SA 7	8,045	18,780	238,010	354	17,771	282,960
Percent	**2.8%**	6.6%	**84.1%**	0.1%	6.3%	14.5%
SA 8	56,219	36,997	152,739	411	24,139	270,505
Percent	20.8%	13.7%	56.5%	0.2%	8.9%	13.8%
Countywide	**233,394**	**226,385**	**1,242,950**	**2,260**	**246,041**	**1,951,030**
Percent	12.0%	11.6%	63.7%	0.1%	12.6%	100%

Note: Bold represents highest and lowest of each group.

Table 13 shows statistically significant differences in Population Enrolled in Medi-Cal by Ethnicity and Service Area (SA) in March 2010.

Differences by Ethnicity

SA 6 at 28.7% has the highest percent of African-Americans enrolled in Medi-Cal as compared with the lowest in SA 7 at 2.8%.

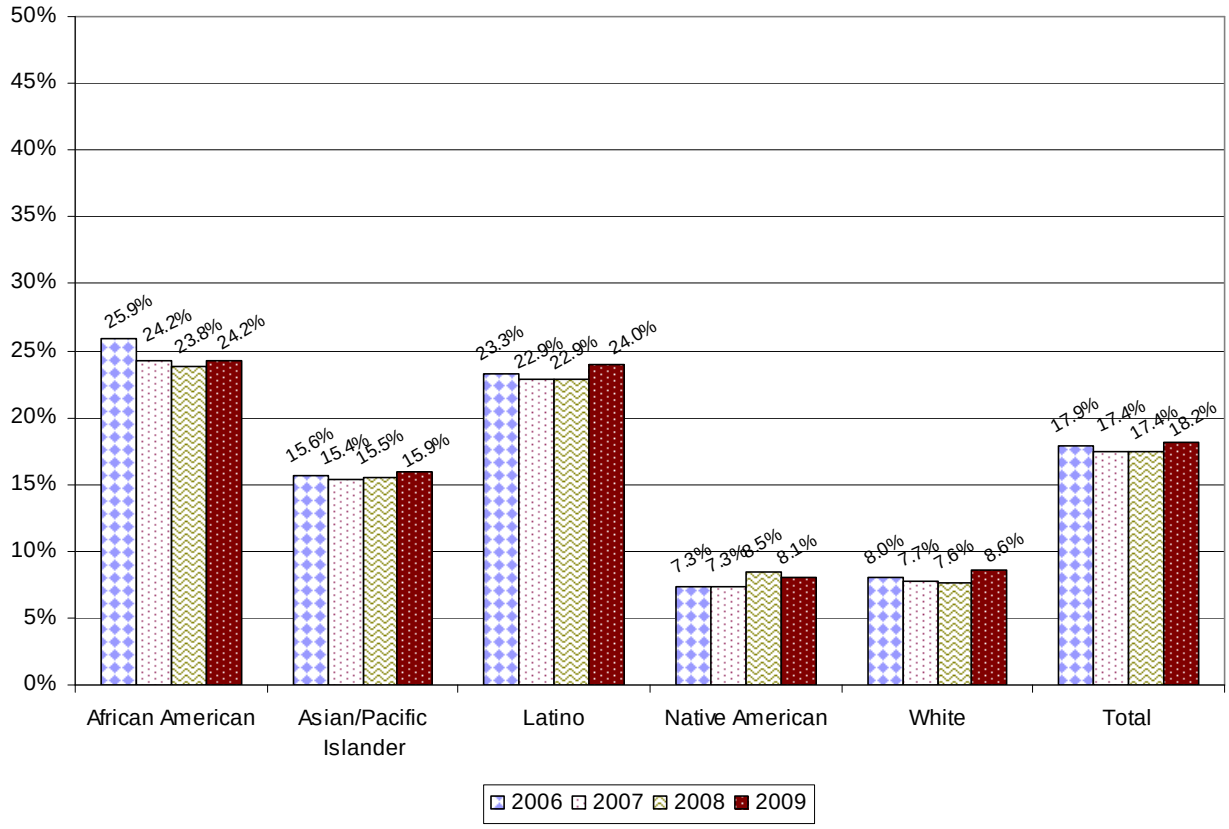
SA 3 at 27.6% has the highest percent of Asian/Pacific Islanders enrolled in Medi-Cal as compared with the lowest in SA 6 at 1.6%.

SA 7 at 84.1% has the highest percent of Latinos enrolled in Medi-Cal as compared with the lowest in SA 5 at 37.4%.

SA 1 at 0.3% has the highest percent of Native Americans enrolled in Medi-Cal as compared with the lowest in SA 6 at 0.05%.

SA 5 at 38.9 % has the highest percent of Whites enrolled in Medi-Cal as compared with the lowest in SA 6 at 1.9%.

FIGURE 8: MEDI-CAL ENROLLMENT RATE[1] BY ETHNICITY BETWEEN MARCH 2006 AND MARCH 2009



[1] Medi-Cal Enrollment Rate = Population enrolled in Medi-Cal for mental health services divided by total estimated population in each ethnic group.

Figure 8 shows Medi-Cal enrollment rate by Ethnicity from March 2006 to March 2009.

African Americans enrolled in Medi-Cal decreased by 1.7% from a rate of 25.9% to 24.2% between March 2006 and March 2009.

Asian/Pacific Islanders enrolled in Medi-Cal decreased by 0.2% from a rate of 15.6% in 2006 to 15.4% in 2007 then increased to 15.5% in 2008 and again increased to 15.9% in 2009.

Latinos enrolled in Medi-Cal increased by 0.7% from a rate of 23.3% to 24.0% between March 2006 and March 2009.

Native American enrolled in Medi-Cal increased by 0.8% from 7.3% to 8.1% between March 2006 and March 2009.

Whites enrolled in Medi-Cal increased by 0.6% from a rate of 8.0% to 8.6% between March 2006 and March 2009.

TABLE 14: POPULATION ENROLLED IN MEDI-CAL BY AGE GROUP AND SERVICE AREA – MARCH 2010

Service Area (SA)	Children 0-15 yrs	TAY[1] 16-25 yrs	Adults 26-59 yrs	Older Adults 60+ yrs	SA Total
SA 1	47,308	16,871	20,225	7,837	92,241
Percent	51.3%	**18.3%**	**21.9%**	**8.5%**	4.54%
SA 2	170,153	52,031	69,929	73,335	365,448
Percent	46.6%	14.2%	19.1%	20.1%	**18.0%**
SA 3	162,161	52,840	59,416	64,246	338,663
Percent	47.9%	15.6%	17.5%	19.0%	16.7%
SA 4	115,824	35,472	44,905	54,175	250,376
Percent	46.3%	14.2%	17.9%	21.6%	12.3%
SA 5	16,182	5,293	8,844	12,813	43,132
Percent	**37.5%**	**12.3%**	20.5%	**29.7%**	**2.1%**
SA 6	200,129	61,889	67,119	33,465	362,602
Percent	**55.2%**	17.1%	18.5%	9.2%	17.8%
SA 7	158,829	48,371	48,647	38,237	294,084
Percent	54.0%	16.4%	**16.5%**	13.0%	14.5%
SA 8	143,638	46,798	56,736	37,036	284,208
Percent	50.5%	16.5%	20.0%	13.0%	14.0%
Countywide	**1,014,224**	**319,565**	**375,821**	**321,144**	**2,030,754**
Percent	49.9%	15.7%	18.5%	15.8%	100%

Note: Bold represents highest and lowest of each group.

[1]TAY = Transition Age Youth

Table 14 shows statistically significant differences of Population Enrolled in Medi-Cal by Age Group and Service Area (SA) March 2010.

Differences by Age Group

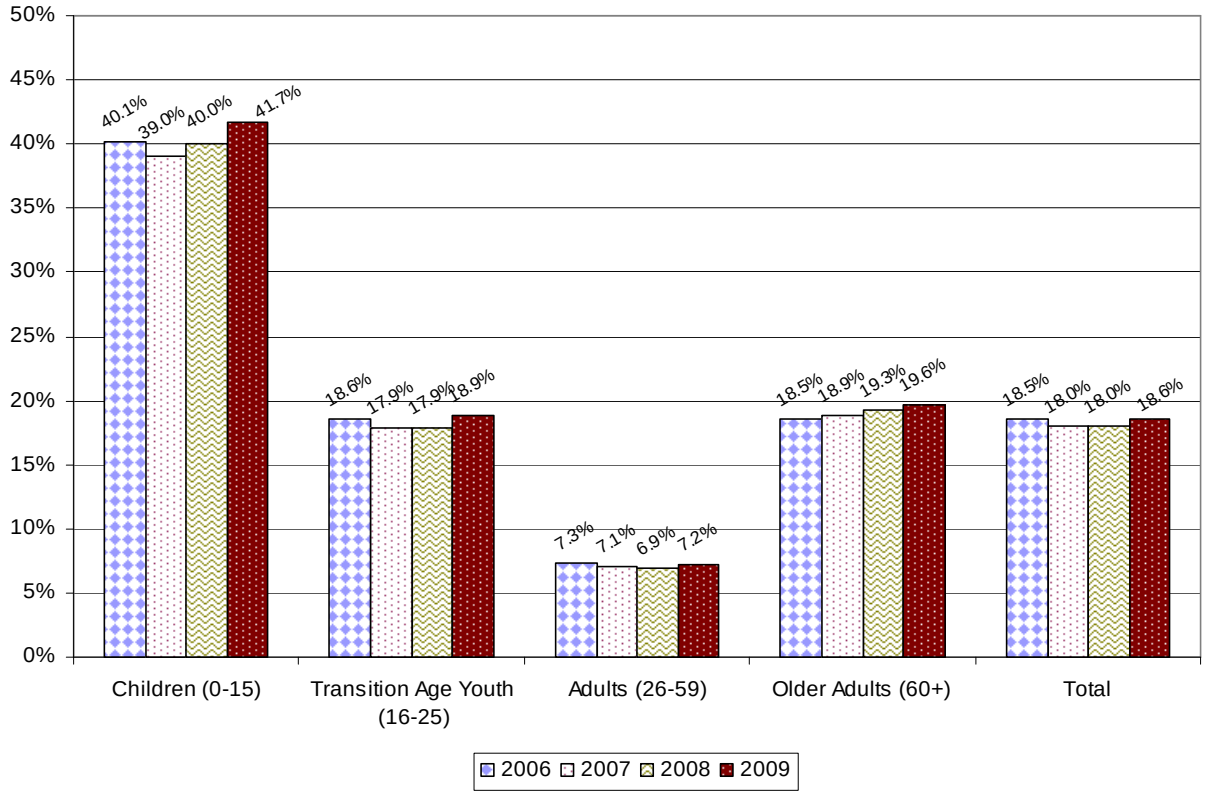
SA 6 at 55.2% has the highest percent of Children enrolled in Medi-Cal as compared with the lowest in SA 5 at 37.5%.

SA 1 at 18.3% has the highest percent of TAY enrolled in Medi-Cal as compared with the lowest in SA 5 at 12.3%.

SA 1 at 21.9% has the highest percent of Adults enrolled in Medi-Cal as compared with the lowest in SA 7 at 16.5%.

SA 5 at 29.7% has the highest percent of Older Adults enrolled in Medi-Cal as compared with the lowest in SA 1 at 8.5%.

FIGURE 9: MEDI-CAL ENROLLMENT RATE[1] BY AGE GROUP BETWEEN MARCH 2006 AND MARCH 2009



[1] Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total population in each group.

Figure 9 shows a four-year trend of Medi-Cal Enrollment Rate by age group between March 2006 and March 2009.

Children enrolled in Medi-Cal increased by 1.6% from a rate of 40.1% to 41.7% from March 2006 to March 2009.

TAY enrolled in Medi-Cal increased by 0.3% from a rate of 18.6% to 18.9% from March 2006 to March 2009.

Adults enrolled in Medi-Cal decreased by 0.1% from a rate of 7.3% in March 2006 to 7.2% in March 2009.

Older Adults enrolled in Medi-Cal increased by 1.1% from a rate of 18.5% in March 2006 to 19.6% in March 2009.

TABLE 15: POPULATION ENROLLED IN MEDI-CAL BY GENDER AND SERVICE AREA – MARCH 2010

Service Area (SA)	Male	Female	SA Total
SA 1	40,804	51,437	92,241
Percent	44.2%	55.8%	100%
SA 2	165,140	200,308	365,448
Percent	**45.2%**	**54.8%**	100%
SA 3	152,378	186,285	338,663
Percent	45.0%	55.0%	100%
SA 4	112,975	137,401	250,376
Percent	45.1%	54.9%	100%
SA 5	18,957	24,175	43,132
Percent	**44.0%**	**56.0%**	100%
SA 6	162,172	200,430	362,602
Percent	44.7%	55.3%	100%
SA 7	132,724	161,360	294,084
Percent	45.1%	54.9%	100%
SA 8	125,764	158,444	284,208
Percent	44.3%	55.7%	100%
Countywide	**910,914**	**1,119,840**	**2,030,754**
Percent	44.9%	55.1%	100%

Note: Bold represents highest and lowest of each group.

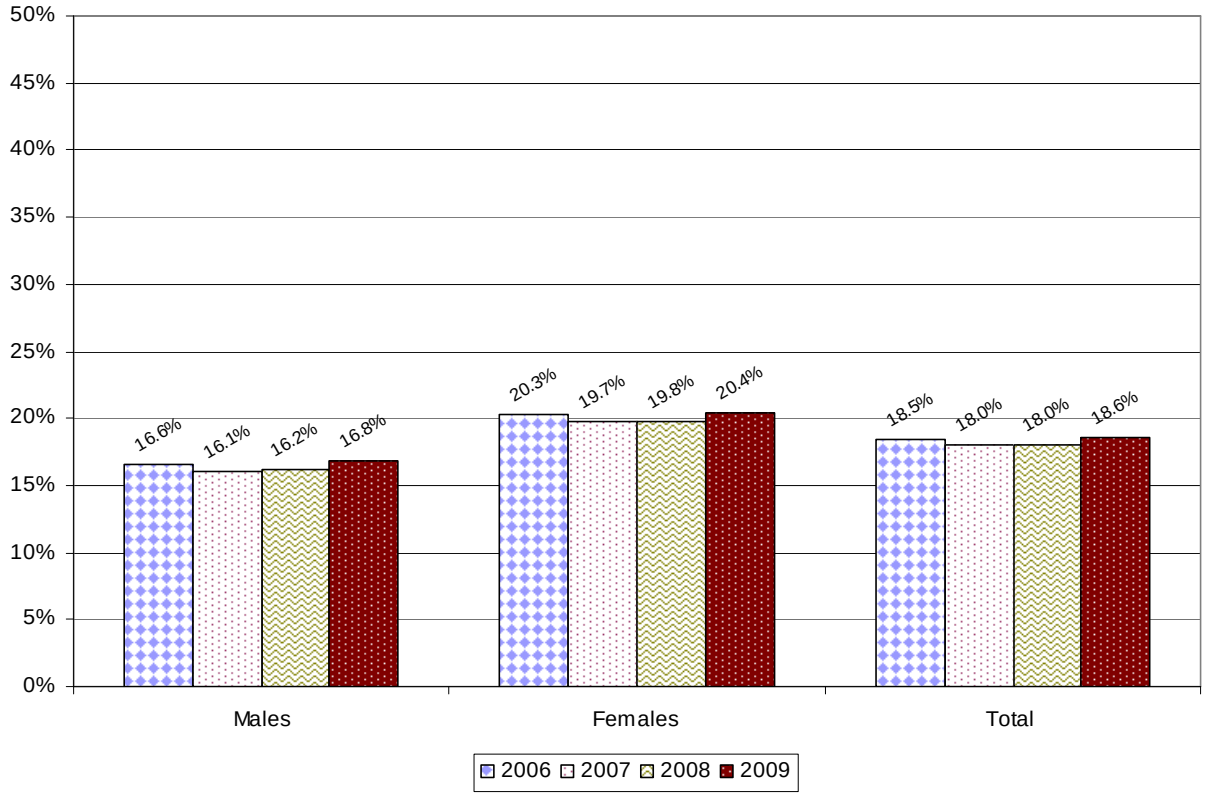
Table 15 shows statistically significant differences of Population Enrolled in Medi-Cal by Gender and Service Area (SA) March 2009.

Differences by Gender

SA 2 at 45.2% has highest population of Males enrolled in Medi-Cal as compared with the lowest in SA 5 at 44.0%.

SA 5 at 56.0% has highest population of Females enrolled in Medi-Cal as compared with the lowest in SA 2 at 54.8%.

FIGURE 10: MEDI-CAL ENROLLMENT RATE[1] BY GENDER BETWEEN MARCH 2006 AND MARCH 2009



[1] Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total estimated population in each group.

Figure 10 shows a four-year trend of Medi-Cal Enrollment Rate by Gender between March 2006 and March 2009.

Males enrolled in Medi-Cal increased by 0.2% from a rate of 16.6% in March 2006 to a rate of 16.8% in March 2009.

Females enrolled in Medi-Cal increased by 0.1% from a rate of 20.3% in March 2006 to a rate of 20.4% in March 2009.

TABLE 16 – ESTIMATED PREVALENCE OF SED & SMI AMONG MEDI-CAL ENROLLED POPULATION BY ETHNICITY AND SERVICE AREA – MARCH 2010

Service Area (SA)	African American	Asian/Pacific Islander	Latino	Native American	White	SA Total
SA 1	1,732	239	3,411	18	1,312	6,711
Percent	25.8%	3.6%	**50.8%**	**0.3%**	19.5%	4.6%
SA 2	1,001	2,345	14,937	30	8,033	26,345
Percent	3.8%	8.9%	56.7%	0.1%	30.5%	18.0%
SA 3	1,074	6,687	14,244	28	2,212	24,246
Percent	4.4%	**27.6%**	58.7%	0.1%	9.1%	16.6%
SA 4	955	2,757	12,369	18	2,065	18,164
Percent	5.3%	15.2%	68.1%	0.1%	11.4%	12.4%
SA 5	380	335	1,137	6	1,185	3,043
Percent	12.5%	11.0%	37.4%	0.2%	**38.9%**	2.1%
SA 6	7,541	433	17,817	12	504	26,308
Percent	**28.7%**	**1.6%**	67.7%	**0.0%**	**1.9%**	17.9%
SA 7	603	1,409	17,851	27	1,333	21,222
Percent	**2.8%**	6.6%	**84.1%**	0.1%	6.3%	14.5%
SA 8	4,216	2,775	11,455	31	1,810	20,288
Percent	20.8%	13.7%	56.5%	0.2%	8.9%	13.9%
Countywide Total	**17,505**	**16,979**	**93,221**	**170**	**18,453**	**146,327**
Percent	12.0%	11.6%	63.7%	0.1%	12.6%	100%

Note: Bold represents highest and lowest of each group.

Table 16 shows statistically significant differences in the Estimated Prevalence of SED and SMI among Med-Cal Enrolled Population by Ethnicity for March 2010.

Differences by Ethnicity

SA 6 at 28.7% has the highest percent of African-Americans with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 7 at 2.8%.

SA 3 at 27.6% has the highest percent of Asian/Pacific Islanders with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 6 at 1.6%.

SA 7 at 84.1% has the highest percent of Latinos with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 1 at 50.8%.

SA 1 at 0.3% has the highest percent of Native Americans with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 6 at less than 0.1%.

SA 5 at 38.9% has the highest percent of Whites with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 6 at 1.9%.

TABLE 17: ESTIMATED PREVALENCE OF SED & SMI AMONG MEDI-CAL ENROLLED POPULATION BY AGE GROUP AND SERVICE AREA – MARCH 2010

Service Area (SA)	Children 0 - 15	Transition Age Youth 16-25	Adults 26-59	Older Adults 60+	SA Total
SA 1	3,548	1,265	1,517	588	6,918
Percent	51.3%	**18.3%**	**21.9%**	**8.5%**	4.5%
SA 2	12,761	3,902	5,245	5,500	27,409
Percent	46.6%	14.2%	19.1%	20.1%	17.9%
SA 3	12,162	3,963	4,456	4,818	25,400
Percent	47.9%	15.6%	17.5%	19.0%	16.7%
SA 4	8,687	2,660	3,368	4,063	18,778
Percent	46.3%	14.2%	17.9%	21.6%	12.3%
SA 5	1,214	397	663	961	3,235
Percent	**37.5%**	**12.3%**	20.5%	**29.7%**	2.1%
SA 6	15,010	4,642	5,034	2,510	27,195
Percent	**55.2%**	17.1%	18.5%	9.2%	17.9%
SA 7	11,912	3,628	3,649	2,868	22,056
Percent	54.0%	16.4%	**16.5%**	13.0%	14.5%
SA 8	10,773	3,510	4,255	2,778	21,316
Percent	50.5%	16.5%	20.0%	13.0%	14.0%
Countywide Total	**76,067**	**23,967**	**28,187**	**24,086**	**152,307**
Percent	49.9%	15.7%	18.5%	15.8%	100%

Note: Bold represents highest and lowest of each group.

Table 17 shows statistically significant differences in the Estimated Prevalence of SED and SMI among Medi-Cal Enrolled Population by Age Group for March 2010.

Differences by Age Group

SA 6 at 55.2% has the highest percent of Children with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 5 at 37.5%.

SA 5 at 18.3% has the highest percent of TAY with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 5 at 12.3%.

SA 1 at 21.9% has the highest percent of Adults with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 7at 16.5%.

SA 5 at 29.7% has the highest percent of Older Adults with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 1 at 8.5%.

TABLE 18: ESTIMATED PREVALENCE OF SED & SMI AMONG MEDI-CAL ENROLLED POPULATION BY GENDER AND SERVICE AREA – MARCH 2010

Service Area (SA)	Male	Female	SA Total
SA 1	3,060	3,858	6,918
Percent	44.2%	55.8%	4.5%
SA 2	12,386	15,023	27,409
Percent	**45.2%**	**54.8%**	18.0%
SA 3	11,428	13,971	25,400
Percent	45.0%	55.0%	16.7%
SA 4	8,473	10,305	18,778
Percent	45.1%	54.9%	12.3%
SA 5	1,422	1,813	3,235
Percent	**44.0%**	**56.0%**	2.1%
SA 6	12,163	15,032	27,195
Percent	44.7%	55.3%	17.9%
SA 7	9,954	12,102	22,056
Percent	45.1%	54.9%	14.5%
SA 8	9,432	11,883	21,316
Percent	44.3%	55.7%	13.9%
Countywide Total	**68,319**	**83,988**	**152,307**
Percent	44.9%	55.1%	100%

Note: Bold represents highest and lowest of each group.

Table 18 shows statistically significant differences in the Estimated Prevalence of SED and SMI among Medi-Cal Enrolled Population by Gender for March 2010.

Differences by Gender

SA 2 at 45.2% has the highest percent of Males with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 5 at 44.0%.

SA 5 at 56% has the highest percent of Females with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 2 at 54.8%.

TABLE 19: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES IN FY 2009-2010 BY ETHNICITY AND SERVICE AREA

Service Area (SA)	African American	Asian/Pacific Islander	Latino	Native American	White	Total
SA 1	4,093	105	4,072	57	2,747	11,074
Percent	37.0%	**0.9%**	36.8%	0.5%	24.8%	100%
SA 2	4,252	1,022	14,679	136	10,157	30,246
Percent	14.1%	3.4%	48.5%	0.4%	33.6%	100%
SA 3	3,568	2,020	13,706	125	4,529	23,948
Percent	14.9%	**8.4%**	57.2%	0.5%	18.9%	100%
SA 4	10,773	2,677	21,021	200	8,388	43,059
Percent	25.0%	6.2%	48.8%	0.5%	19.5%	100%
SA 5	3,750	371	3,254	60	5,089	12,524
Percent	29.9%	3.0%	**26.0%**	0.5%	**40.6%**	100%
SA 6	15,437	286	11,201	47	1,330	28,301
Percent	**54.5%**	1.0%	39.6%	**0.2%**	**4.7%**	100%
SA 7	2,806	529	15,640	327	2,832	22,134
Percent	**12.7%**	2.4%	**70.7%**	**1.5%**	12.8%	100%
SA 8	10,814	2,364	12,967	142	7,598	33,885
Percent	31.9%	7.0%	38.3%	0.4%	22.4%	100%
Total	55,495	9,374	96,540	1,094	42,670	205,173
Percent	27.0%	4.6%	47.1%	0.5%	20.8%	100%

Note: Bold represents highest and lowest of each group.

Table 19 shows Consumers Served in Short Doyle/Medi-Cal facilities in Fiscal Year 2009-2010 by Ethnicity and Service Area.

Differences by Ethnicity

SA 6 at 54.5% has the highest percent of African-American consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 7 at 12.7%.

SA 3 at 8.4% has the highest percent of Asian/Pacific Islander consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 1 at 0.9%.

SA 7 at 70.7% has the highest percent of Latino consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 5 at 26.0%.

SA 7 at 1.5% has the highest percent of Native American consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 6 at 0.2%.

SA 5 at 40.6% has the highest percent of White consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 6 at 4.7%.

FIGURE 11: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY BETWEEN FY 06-07 AND FY 09-10

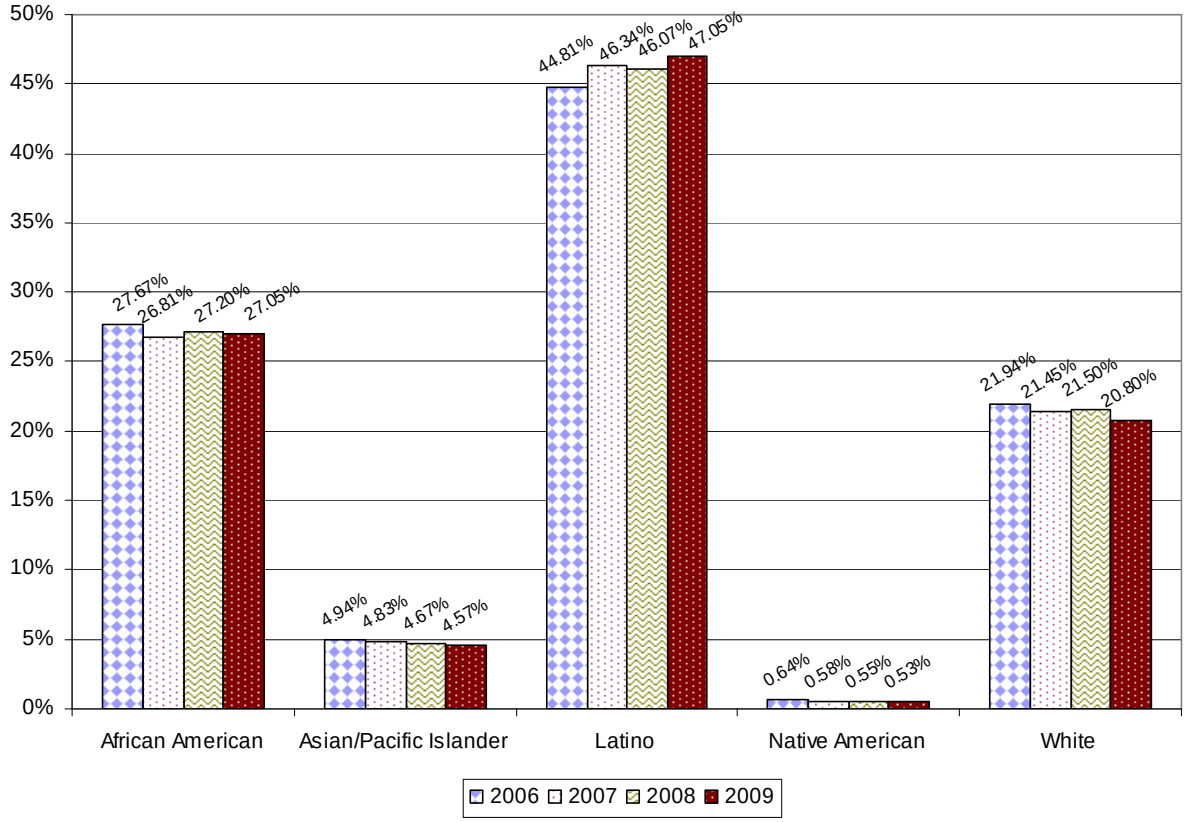


Figure 11 shows a four-year trend of Consumers Served in Short Doyle/Medi-Cal facilities by Ethnicity between FY 06-07 and FY 09-10.

African Americans served in Short Doyle/Medi-Cal facilities decreased by 0.6% from 27.7% to 27.1% between FY 06-07 and FY 09-10.

Asian/Pacific Islander consumers served in Short Doyle/Medi-Cal facilities decreased by 0.3% from 4.9% to 4.6% between FY 06-07 and FY 09-10.

Latino consumers served in Short Doyle/Medi-Cal facilities increased by 2.3% from 44.8% to 47.1% between FY06-07 and FY 09-10.

Native American consumers served in Short Doyle/Medi-Cal facilities decreased by 0.1% from 0.6% to 0.5% between FY 06-07 and FY 09-10.

White consumers served in Short Doyle/Medi-Cal facilities decreased by 1.1% from 21.9% to 20.8% between FY 06-07 and FY 09-10.

TABLE 20: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES IN FY 2009-2010 BY AGE GROUP AND SERVICE AREA

Service Area (SA)	Children 0-15	Transition Age Youth[1] 16-25	Adults 26-59	Older Adults 60+	SA Total
SA 1	4,011	3,799	2,979	285	11,074
Percent	36.2%	**34.3%**	**26.9%**	**2.6%**	5.4%
SA 2	8,775	7,772	11,935	1,764	30,246
Percent	29.0%	25.7%	39.5%	5.8%	14.7%
SA 3	10,172	4,986	7,551	1,239	23,948
Percent	**42.5%**	20.8%	31.5%	5.2%	11.7%
SA 4	11,792	9,373	18,691	3,203	43,059
Percent	27.4%	21.8%	43.4%	**7.4%**	21.0%
SA 5	2,842	1,982	6,813	887	12,524
Percent	**22.7%**	15.8%	**54.4%**	7.1%	6.1%
SA 6	10,331	4,439	12,218	1,313	28,301
Percent	36.5%	**15.7%**	43.2%	4.6%	13.8%
SA 7	9,097	5,798	6,405	834	22,134
Percent	41.1%	26.2%	28.9%	3.8%	10.8%
SA 8	10,280	5,974	15,631	2,000	33,885
Percent	30.3%	17.6%	46.1%	5.9%	16.5%
Countywide Total	**67,302**	**44,123**	**82,223**	**11,525**	**205,173**
Percent	32.8%	21.5%	40.1%	5.6%	100%

Note: Bold represents highest and lowest of each group.

Table 20 shows Consumers Served in Short Doyle/Medi-Cal facilities in Fiscal Year 2009-2010 by Age Group and Service Area.

Differences by Age Group

SA 3 at 42.5% has the highest percent of Children served as compared with the lowest percent in SA 5 at 22.7%.

SA 1 at 34.3% has the highest percent of TAY served as compared with the lowest percent in SA 6 at 15.7%.

SA 5 at 54.4% has the highest percent of Adults served as compared with the lowest percent in SA 1 at 26.9%.

SA 4 at 7.4% has the highest percent of Older Adults served as compared with the lowest percent in SA 1 at 2.6%.

FIGURE 12: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES BY AGE GROUP BETWEEN FY 06-07 AND FY 09-10

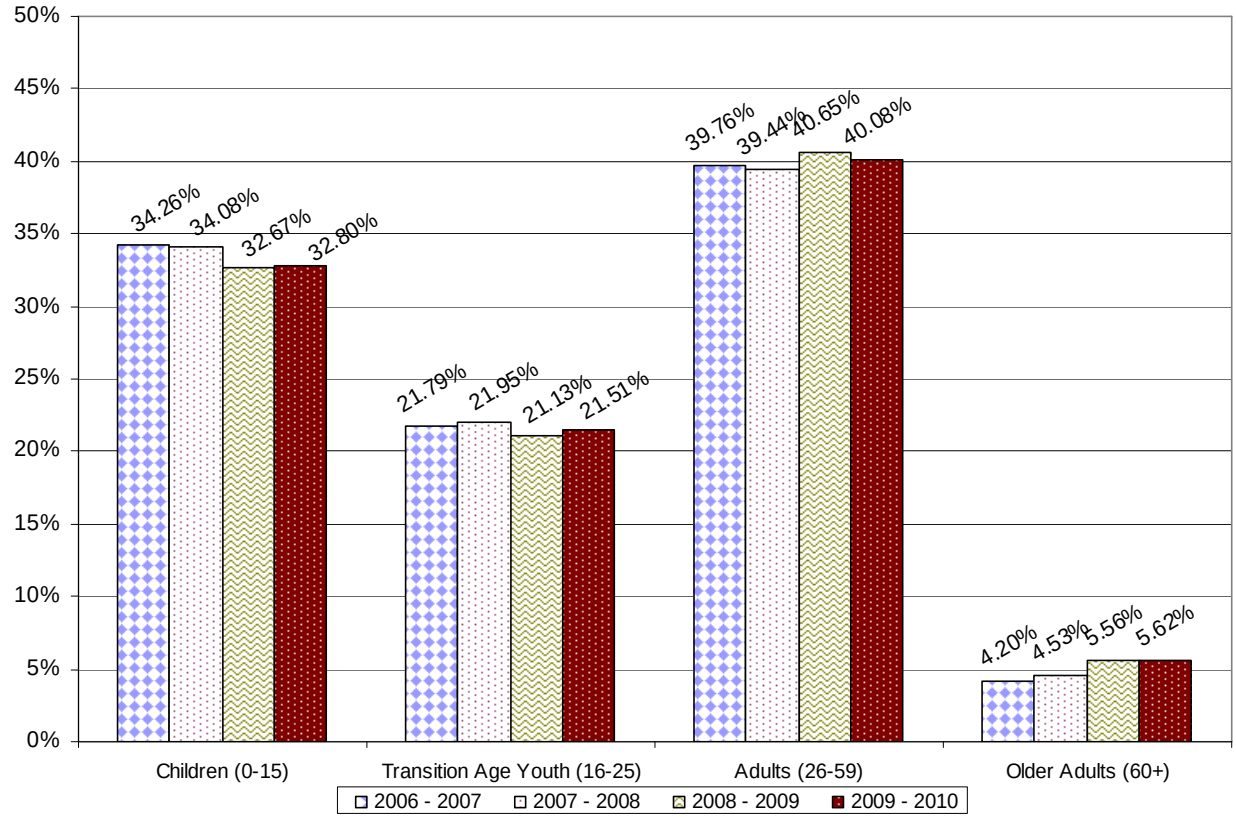


Figure 12 shows a four-year trend of Consumer Served in Short Doyle/Medi-Cal facilities by Age Group between 2006 and 2009.

The percent of Children served in Short Doyle/Medi-Cal facilities decreased by 1.5%; from 34.3% in FY 06-07 to 32.8% in FY 09-10.

The percent of TAY served in Short Doyle/Medi-Cal facilities decreased by 0.3%; from 21.8% in FY 06-07 to 21.5% in FY 09-10.

The percent of Adults served in Short Doyle/Medi-Cal facilities increased by 0.3%; from 39.8% in FY 06-07 to 40.1% in FY 09-10.

The percent of Older Adults served in Short Doyle/Medi-Cal facilities increased by 1.4%; from 4.2% in FY 06-07 to 5.6% in FY 09-10.

TABLE 21: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES IN FY 2009-2010 BY GENDER AND SERVICE AREA

Service Area (SA)	Male	Female	SA Total
SA 1	6,260	4,810	11,070
Percent	**56.5%**	**43.4%**	5.4%
SA 2	16,424	13,816	30,240
Percent	54.3%	45.7%	14.7%
SA 3	12,431	11,516	23,947
Percent	51.9%	48.1%	11.7%
SA 4	23,763	19,289	43,052
Percent	55.2%	44.8%	21.0%
SA 5	6,699	5,824	12,523
Percent	53.5%	46.5%	6.1%
SA 6	14,036	14,260	28,296
Percent	**49.6%**	**50.4%**	13.8%
SA 7	11,899	10,226	22,125
Percent	53.8%	46.2%	10.8%
SA 8	17,082	16,799	33,881
Percent	50.4%	49.6%	16.5%
Total	**108,598**	**96,540**	**205,138**
Percent	52.9%	47.1%	100.0%

Note: Bold represents highest and lowest of each group.

Table 21 shows Consumers Served in Short Doyle/Medi-Cal facilities in Fiscal Year 2009-2010 by Gender and Service Area.

Differences by Gender

SA 1 at 56.5% has the highest percent of males served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 6 at 49.6%.

SA 6 at 50.4% has the highest percent of females served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 1 at 43.4%.

FIGURE 13: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES BY GENDER BETWEEN FY 06-07 AND FY 09-10

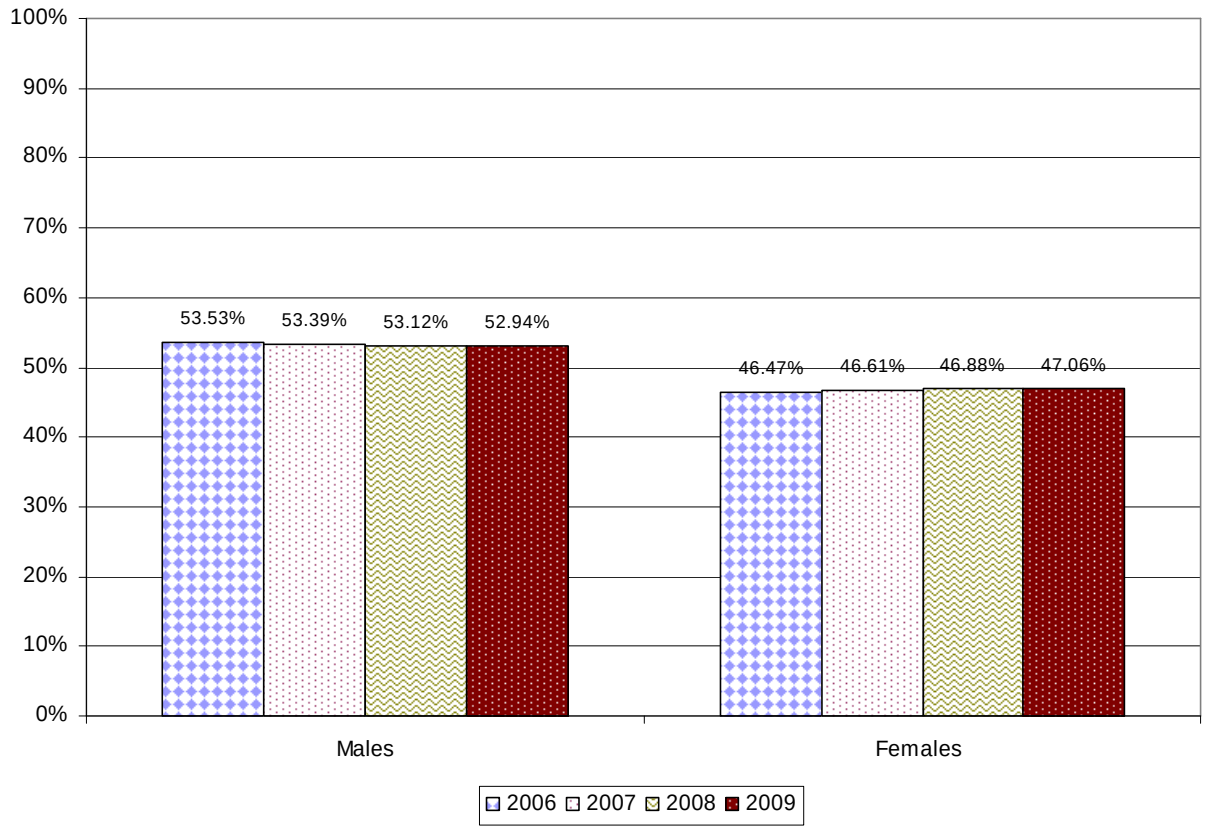


Figure 13 shows Consumers served in Short Doyle/Medi-Cal Facilities by Gender from FY 06-07 to FY 09-10.

The number of males receiving services in Short Doyle/Medi-Cal facilities decreased by 0.6% from 53.5% in FY 06-07 to 52.9% in FY 09-10.

The number of females receiving services in Short Doyle/Medi-Cal facilities increased by 0.6% from 46.5% in FY 06-07 to 47.1% in FY 09-10.

Summary and Disparity Analysis of the Service Areas

Service Area 1

FIGURE 14: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 1

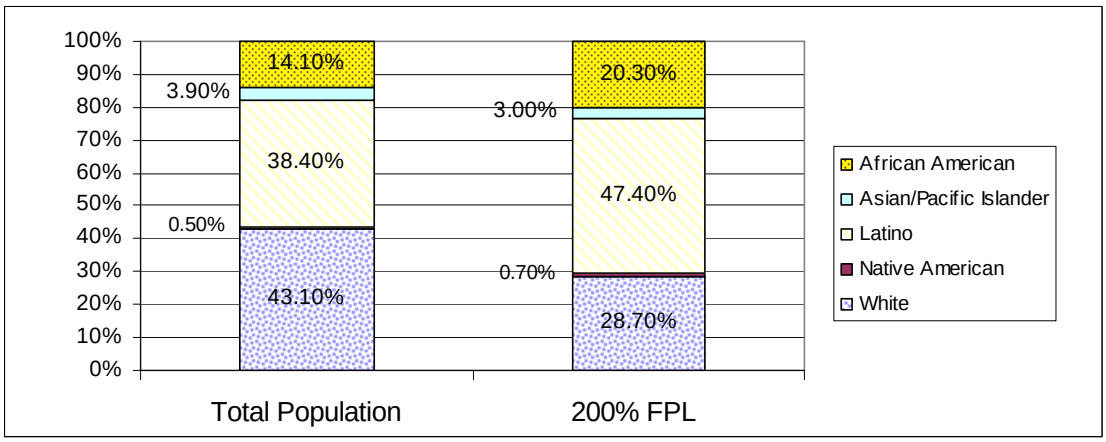


Figure 14 shows the percent distribution for the total population (N=368,037) and for the population at or below 200% Federal Poverty Level (N=128,093) by ethnicity for CY 2009.

FIGURE 15: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 1

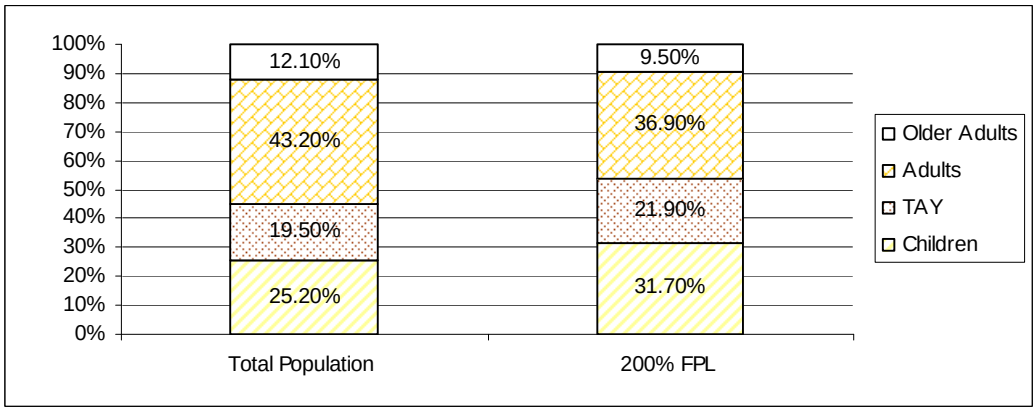
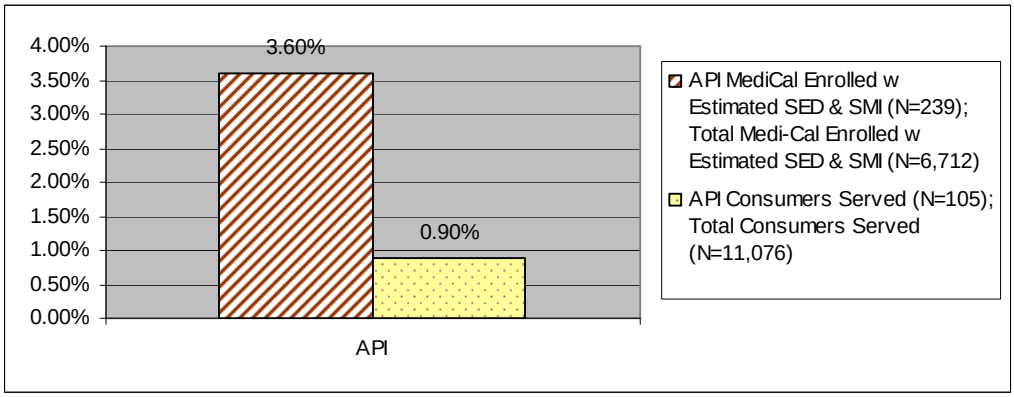


Figure 15 shows the percent distribution for the total population (N=368,037) and for the population at or below 200% Federal Poverty Level (N=128,093) by age group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

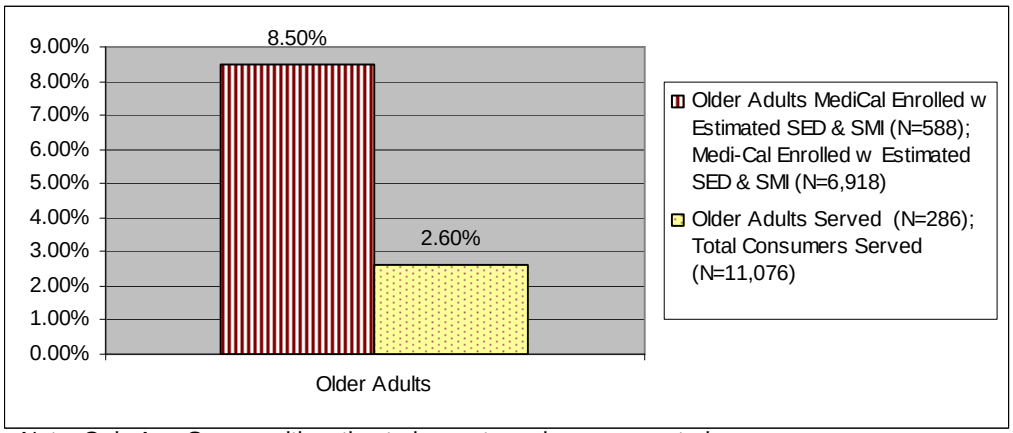
FIGURE 16: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY FY 2009-10 - SA 1



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 16 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with number of consumers served by ethnicity in FY 2009-10. Estimated API unmet need = 239-105 or 134.

FIGURE 17: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP FY 2009-10 - SA 1



Note: Only Age Groups with estimated unmet needs are presented.

Figure 17 shows percent Medi-Cal enrolled individuals estimated with SED and SMI as compared with consumers served by age group in FY 2009-10. Estimated Older Adult unmet need = 588-286 or 302.

Service Area 2

FIGURE 18: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 2

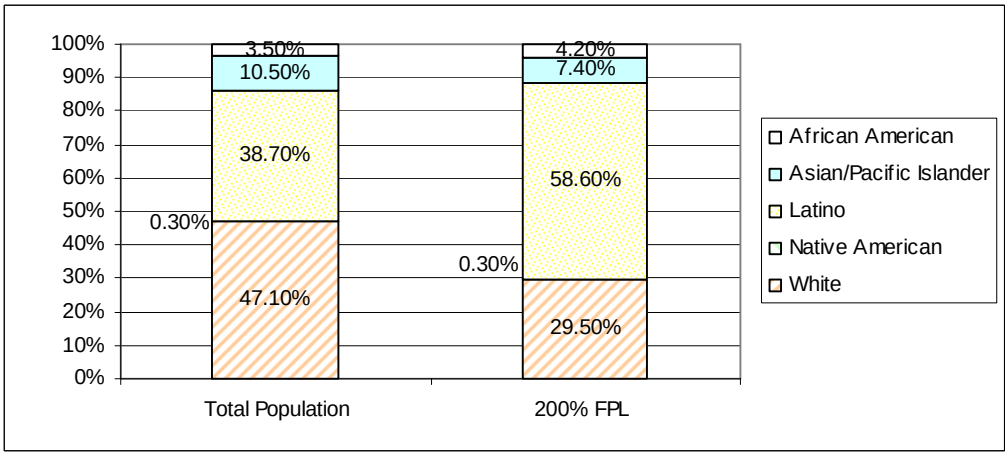


Figure 18 shows the percent distribution of total population (N=2,214,739) and population at or below 200% Federal Poverty Level (N=663,850) by ethnicity in CY 2009.

FIGURE 19: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 2

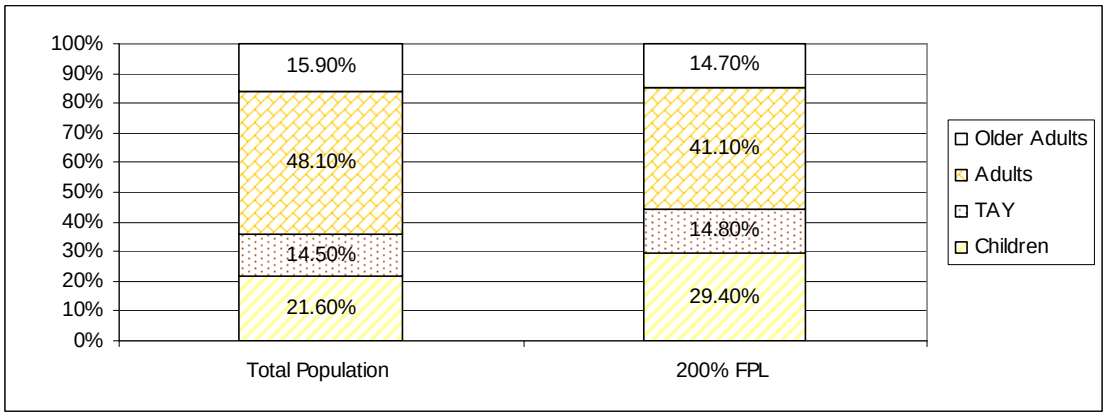
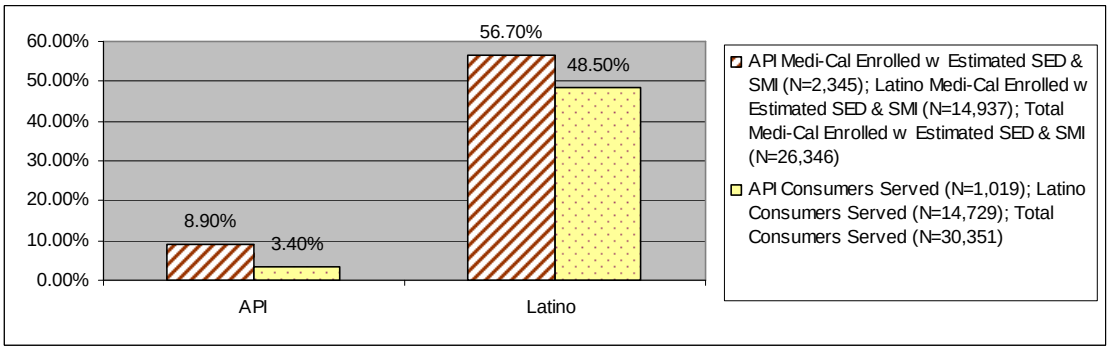


Figure 19 shows the percent distribution of total population (N=2,214,739) and population at or below 200% Federal Poverty Level (N=663,850) by age group in CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

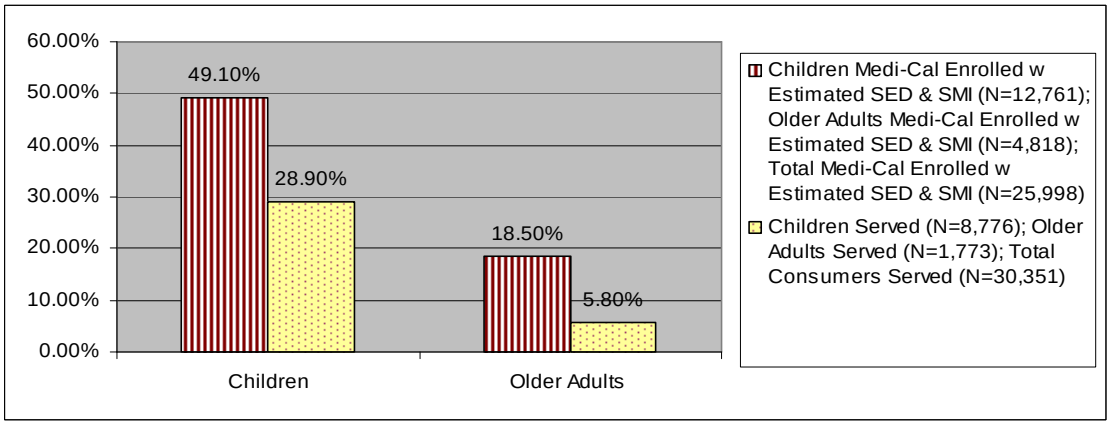
FIGURE 20: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2009-10 - SA 2



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 20 shows percent Medi-Cal enrolled individuals estimated with SED & SMI as compared with percent consumers served by ethnicity in FY 2009-10. Estimated API unmet need = 2,345-1,019 or 1,326. Estimated Latino unmet need = 14,937-14,729 or 208.

FIGURE 21: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2009-10 - SA 2



Note: Only Age Groups with estimated unmet needs are presented.

Figure 21 shows percent Medi-Cal enrolled individuals estimated with SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Children unmet need = 12,761-8,776 or 3,985. Estimated Older Adult unmet need = 4,818-1,773 or 3,045.

Service Area 3

FIGURE 22: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 3

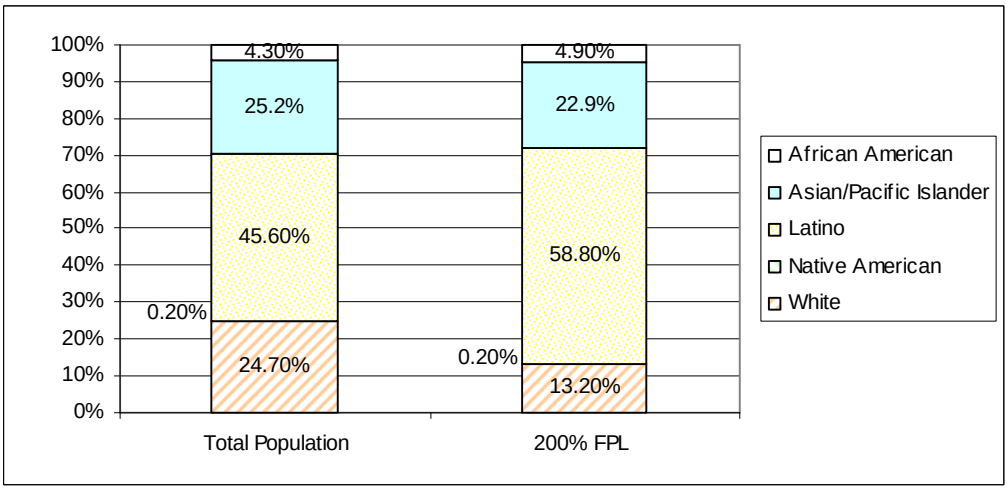


Figure 22 shows the percent distribution of total population (N=1,883,866) and Population at or below 200% Federal Poverty Level (N=598,489) by ethnicity in CY 2009.

FIGURE 23: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 3

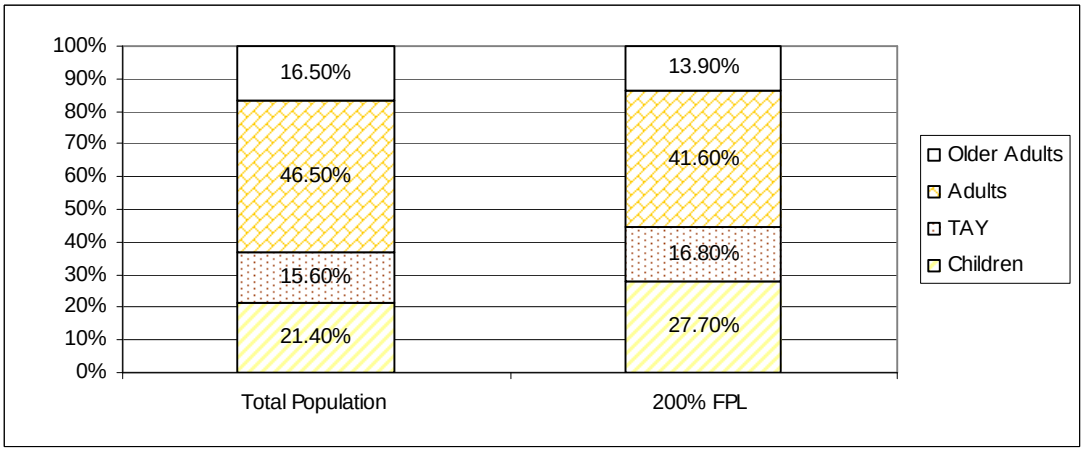
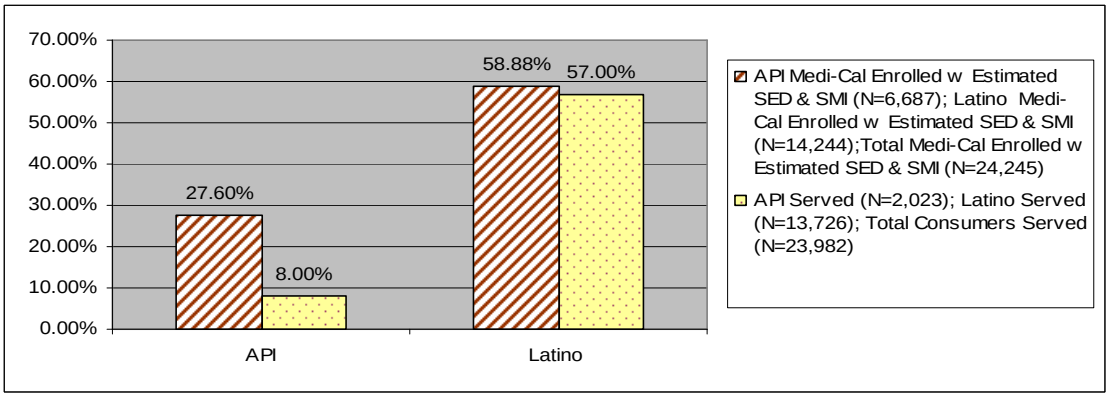


Figure 23 shows the percent distribution of total population (N=1,883,866) and population at or below 200% Federal Poverty Level (N=598,489) by age group in CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

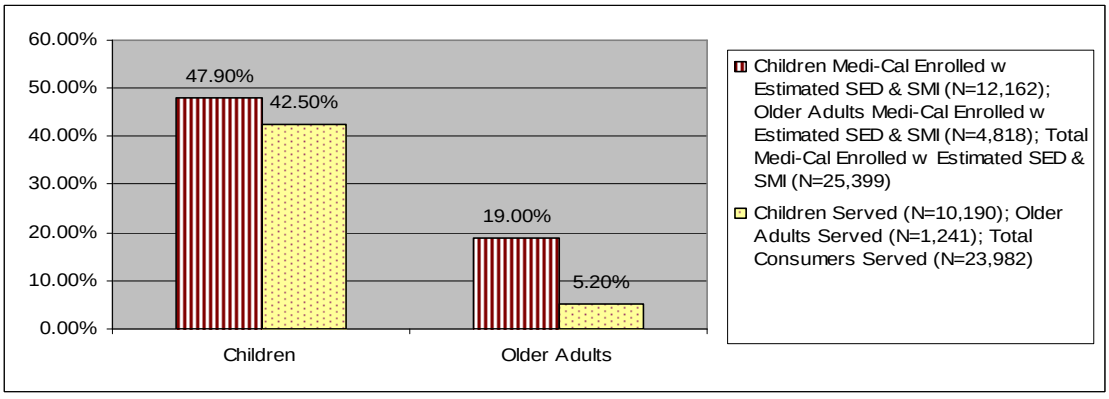
FIGURE 24: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2009-10 - SA 3



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 24 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with percent consumers served by ethnicity for FY 2009-10. Estimated API unmet need = 6,687-2,023 or 4,664. Estimated Latino unmet need = 14,244-13,726 or 518.

FIGURE 25: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2009-10 - SA 3



Note: Only Age Groups with estimated unmet needs are presented.

Figure 25 shows Percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Children unmet need = 12,162-10,190 or 1,972. Estimated Older Adult unmet need = 4,818-1,241 or 3,577.

Service Area 4

FIGURE 26: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 4

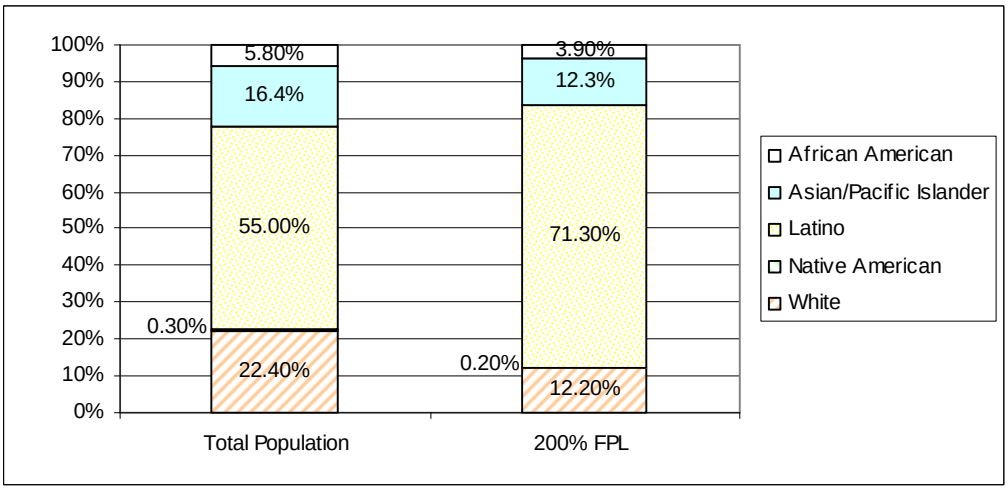


Figure 26 shows the percent distribution of total population (N=1,245,071) and population at or below 200% Federal Poverty Level (N=577,945) by ethnicity in CY 2009.

FIGURE 27: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 4

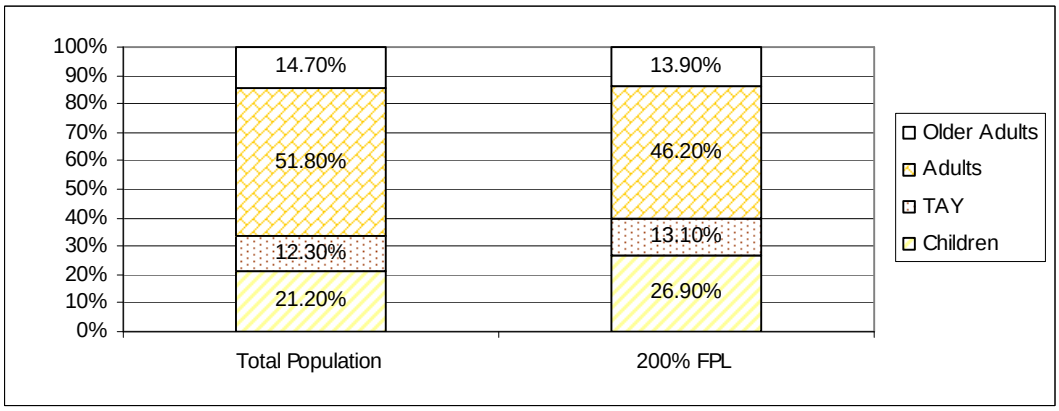
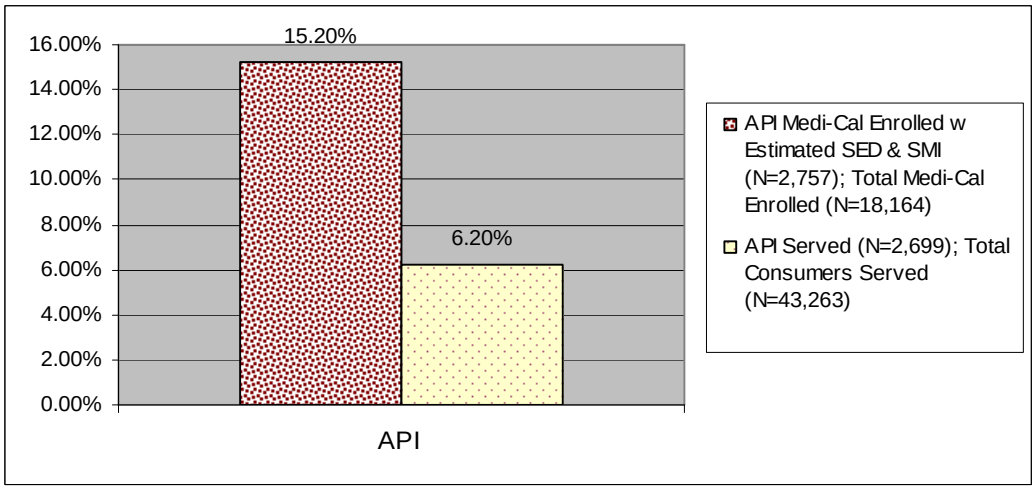


Figure 27 shows the percent distribution of total population (N=1,245,071) and for the population at or below 200% Federal Poverty Level (N=577,945) by age group in CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

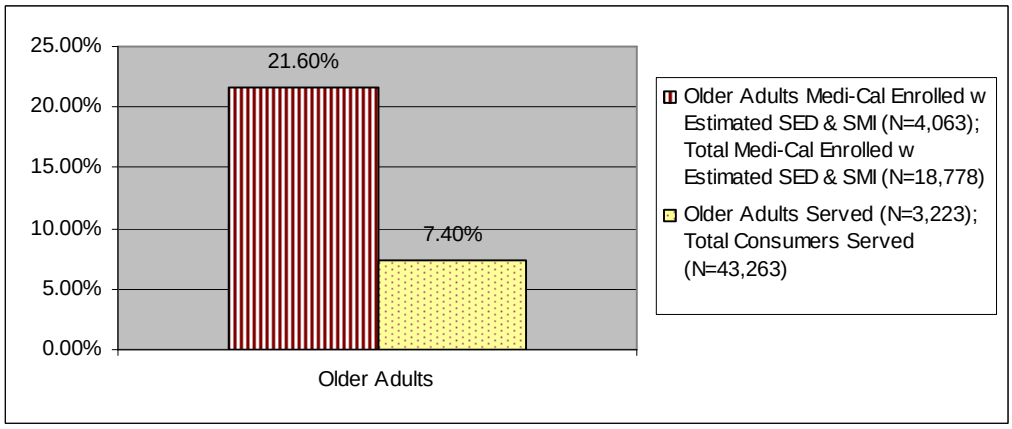
FIGURE 28: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY
FY 2009-10 - SA 4



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 28 shows percent of Medi-Cal enrolled individuals estimated SED & SMI as compared with percent consumers served by ethnicity in FY 2009-10. Estimated API unmet need = 2,757-2,699 or 58.

FIGURE 29: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP
FY 2009-10 - SA 4



Note: Only Age Groups with estimated unmet needs are presented

Figure 29 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Older adult unmet need = 4,063-3,223 or 840.

Service Area 5

FIGURE 30: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 5

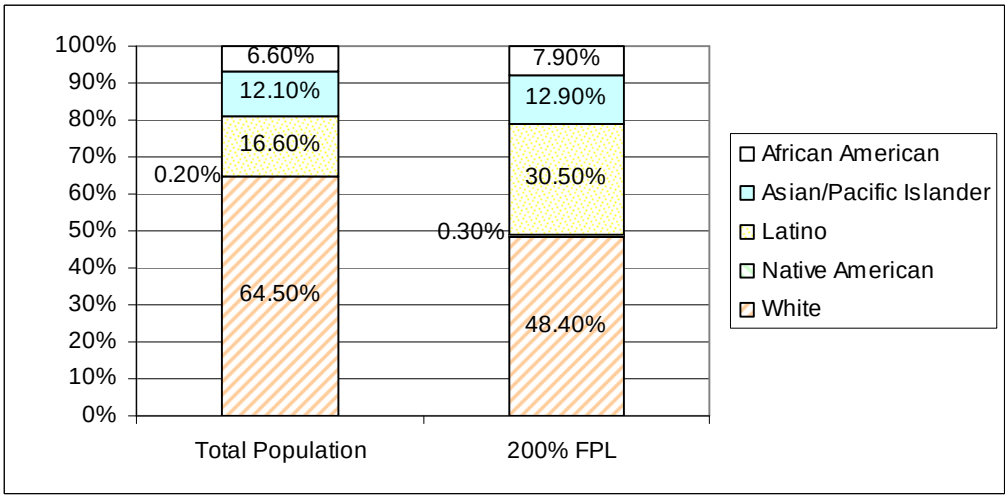


Figure 30 shows the percent distribution of total population (N=651,412) and population at or below 200% Federal Poverty Level (N=134,831) by ethnicity in CY 2009.

FIGURE 31: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 5

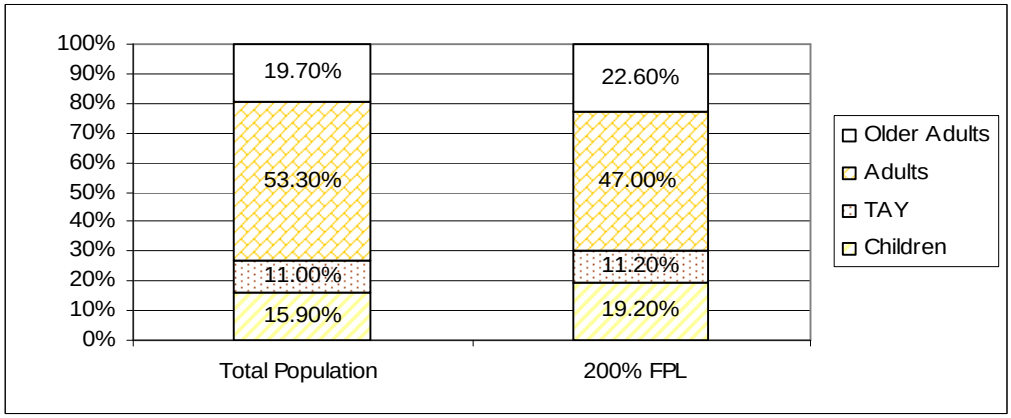
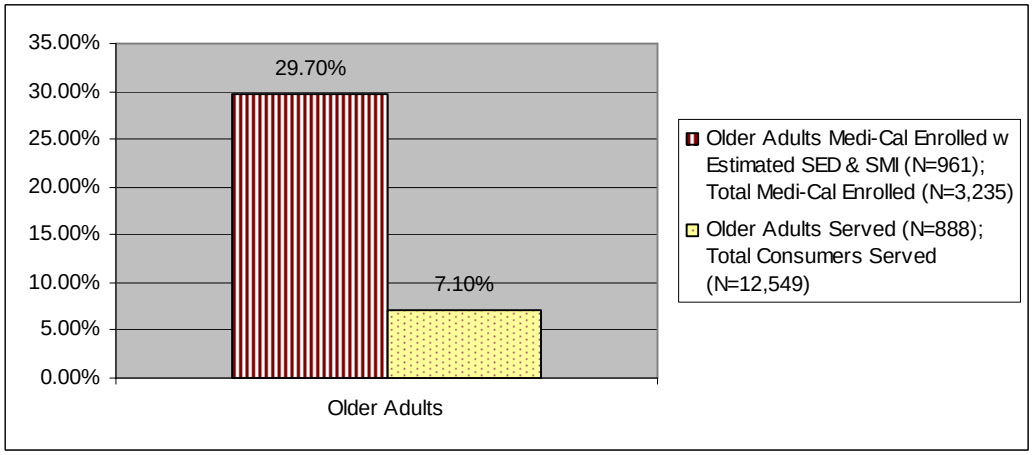


Figure 31 shows the percent distribution of total population (N=651,412) and population at or below 200% Federal Poverty Level (N=134,831) by age group in CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

FIGURE 32: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP FY 2009-10 - SA 5



Note: Only Age Groups with estimated unmet needs are presented.

Figure 32 shows percent of Medi-Cal enrolled individuals estimated SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Older Adult unmet need = 961-888 or 73.

Service Area 6

FIGURE 33: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 6

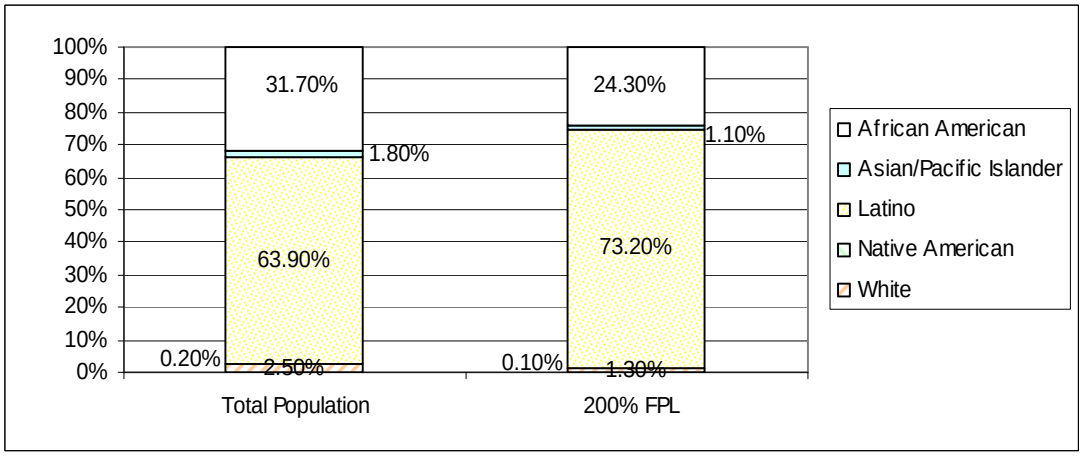


Figure 33 shows the percent distribution of total population (N=1,051,257) and population at or below 200% Federal Poverty Level (N=608,686) by ethnicity in CY 2009.

FIGURE 34: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 6

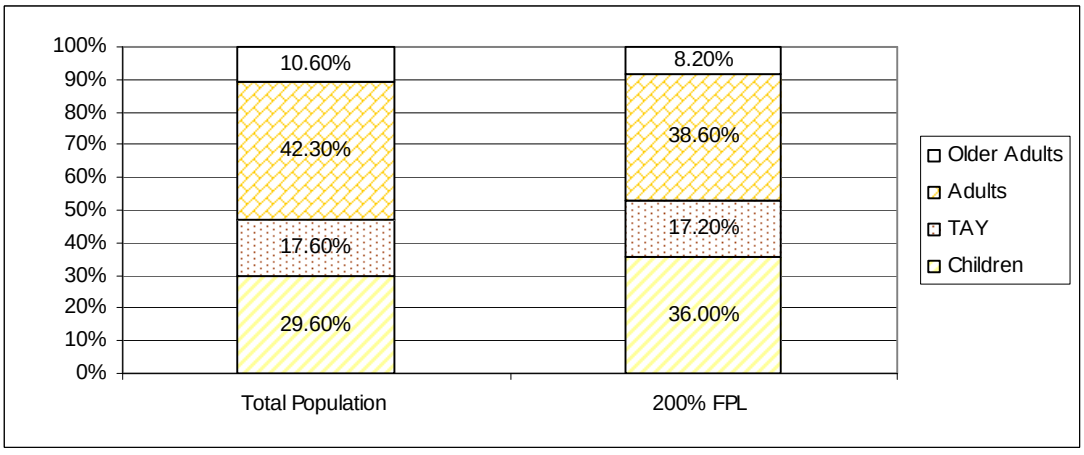
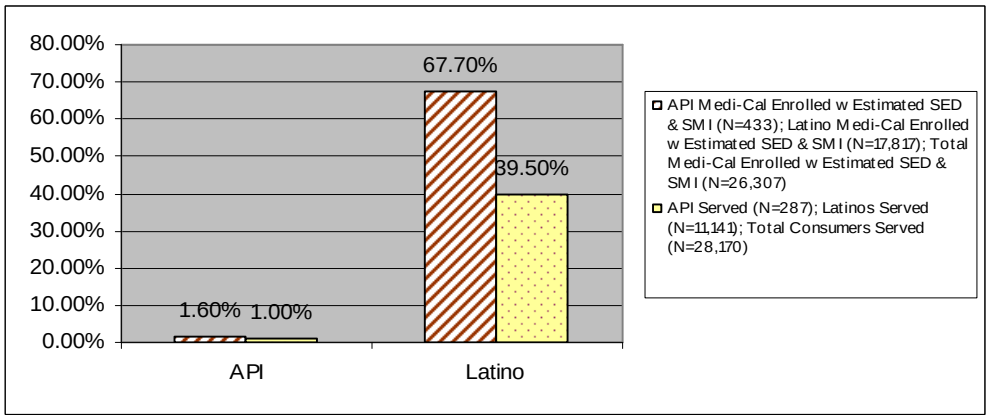


Figure 34 shows the percent distribution of total population (N=1,051,257) and population at or below 200% Federal Poverty Level (N=606,686) by age group in CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

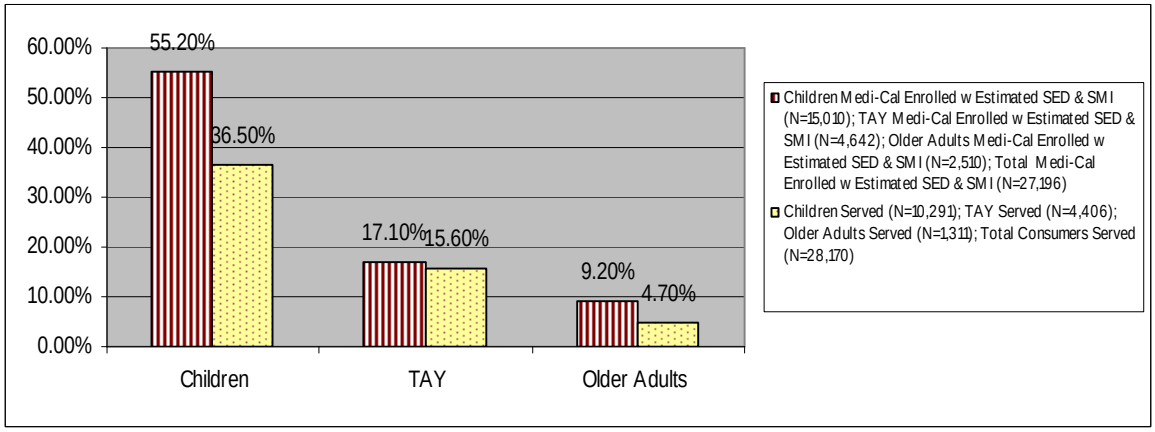
FIGURE 35: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY FY 2009-10 - SA 6



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 35 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with percent consumers served by ethnicity in FY 2009-10. Estimated API unmet need = 433-287 or 146. Estimated Latino unmet need = 17,817-11,141 or 6,676.

FIGURE 36: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP FY 2009-10 - SA 6



Note: Only Age Groups with estimated unmet needs are presented.

Figure 36 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Children unmet need = 15,010-10,291 or 4,719. Estimated TAY unmet need = 4,642-4,406 or 236. Estimated Older Adult unmet need = 2,510-1,311 or 1,199.

Service Area 7

FIGURE 37: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY (FPL) LEVEL BY ETHNICITY CY 2009 - SA 7

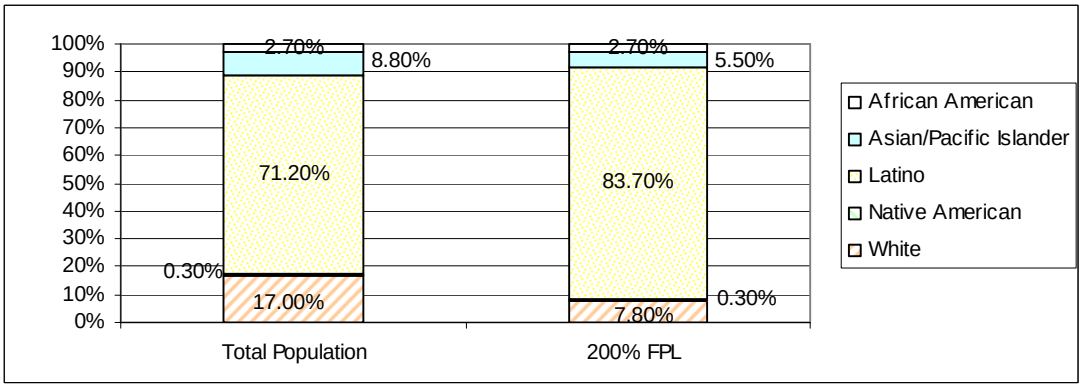


Figure 37 shows the percent distribution of total population (N=1,382,455) and population at or below 200% Federal Poverty Level (N=542,223) by ethnicity in CY 2009.

FIGURE 38: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 7

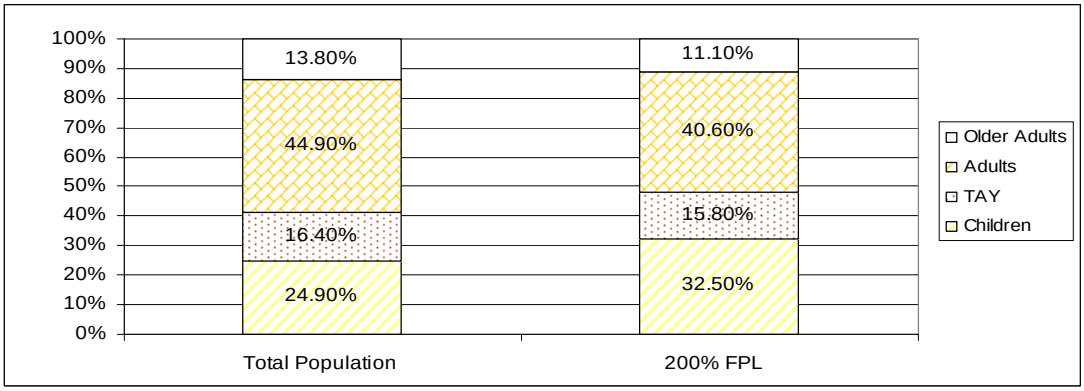
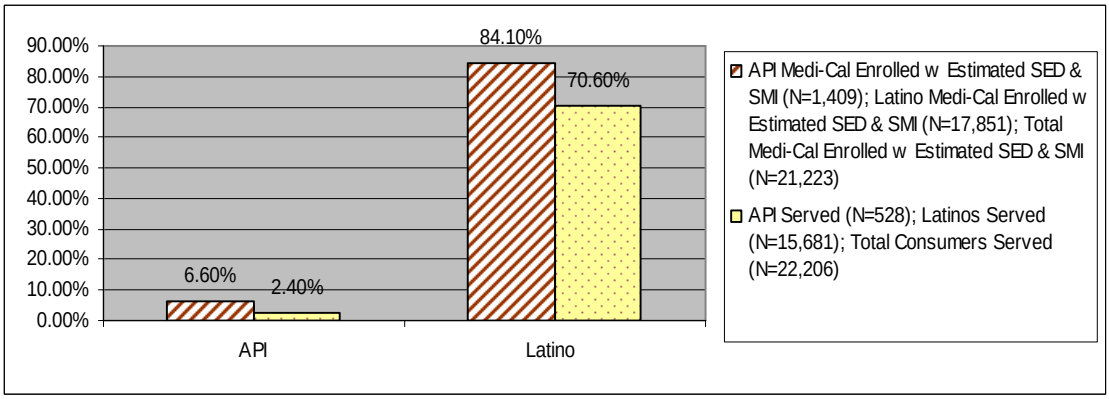


Figure 38 shows the percent distribution for the Total Population (N=1,382,455) and for the Population at or Below 200% Federal Poverty Level (N=542,223) by Age Group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

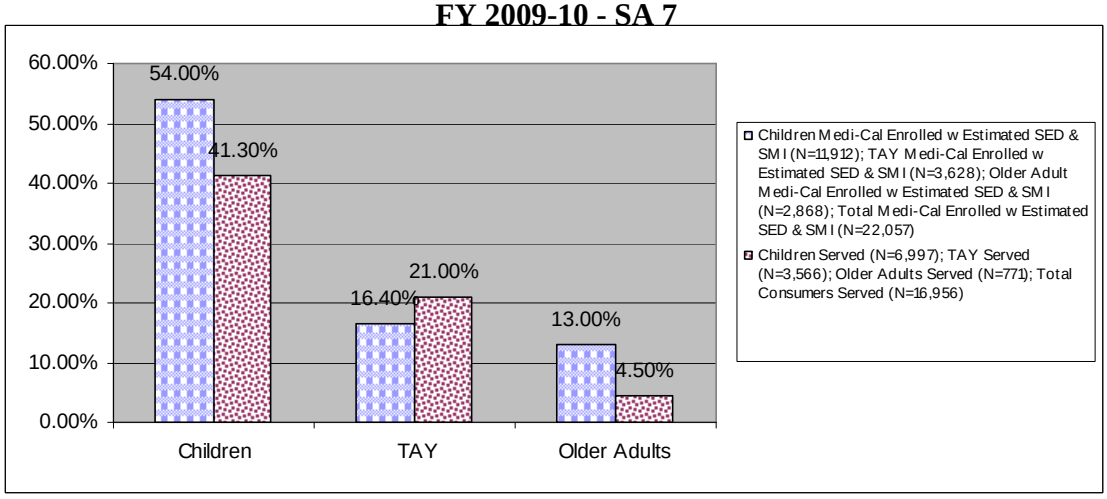
FIGURE 39: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY FY 2009-10 - SA 7



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 39 shows percent of Medi-Cal enrolled individuals estimated SED & SMI as compared with consumers served by ethnicity in FY 2009-10. Estimated API with unmet need = 1,409-528 or 881. Estimated Latino unmet need = 17,851-15,681 or 2,170.

FIGURE 40: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP FY 2009-10 - SA 7



Note: Only Age Groups with estimated unmet needs are presented.

Figure 40 shows Percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Children unmet need = 11,912-6,997 or 4,915. Estimated TAY unmet need = 3,628-3,566 or 62. Estimated Older Adult unmet need = 2,868-771 or 2,097.

Service Area 8

FIGURE 41: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY ETHNICITY CY 2009 - SA 8

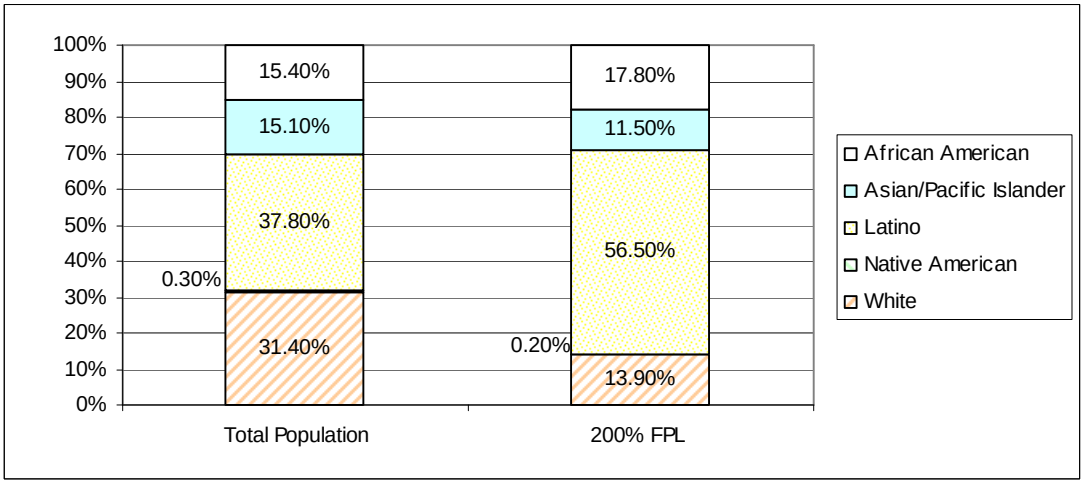


Figure 41 shows the percent distribution of total population (N=1,619,259) and population at or below 200% Federal Poverty Level (N=480,509) by ethnicity in CY 2009.

FIGURE 42: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP CY 2009 - SA 8

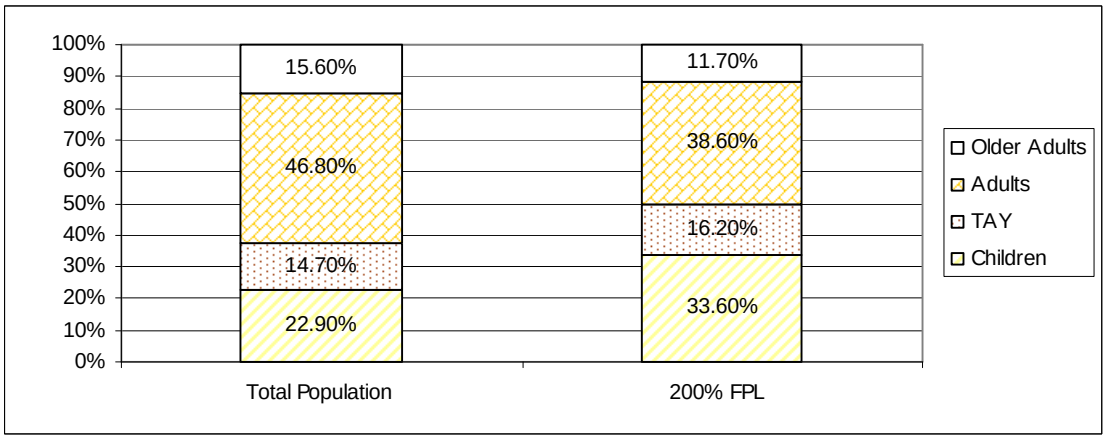
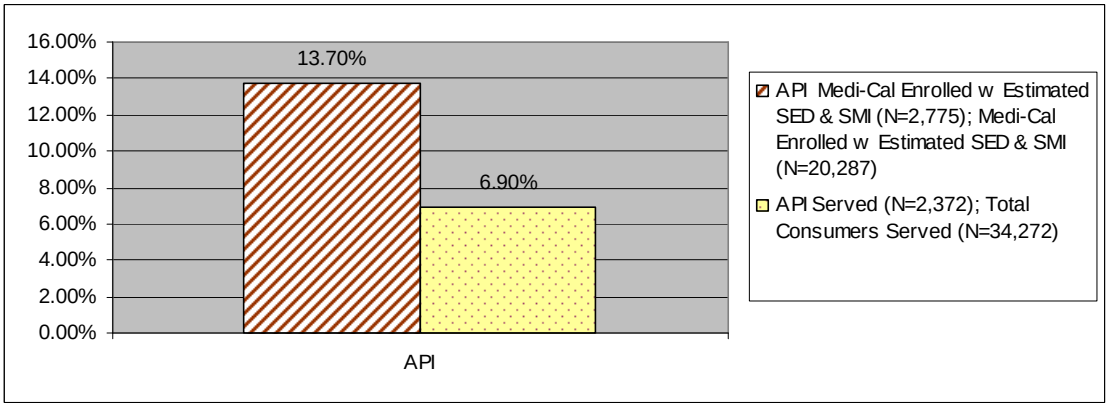


Figure 42 shows the percent distribution of total population (N=1,619,259) and population at or below 200% Federal Poverty Level (N=480,509) by age group in CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED

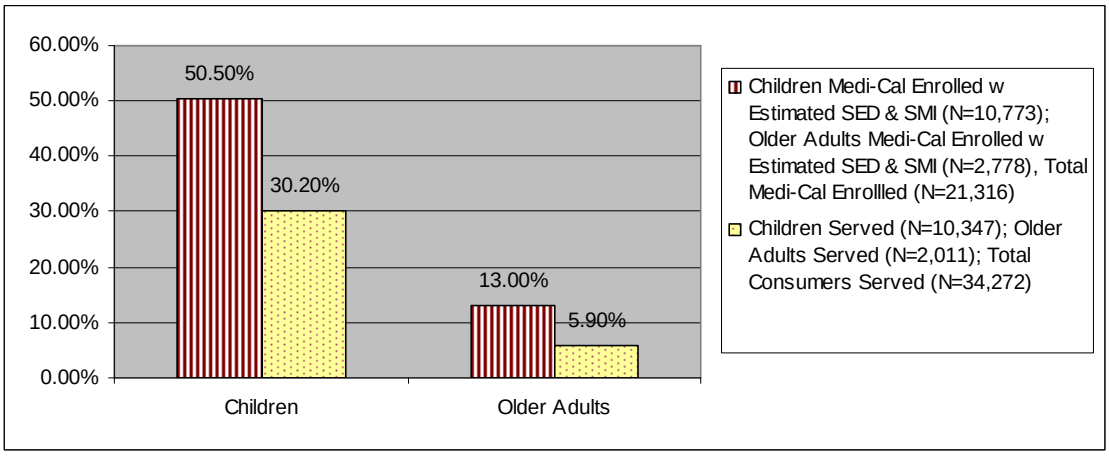
FIGURE 43: PERCENT MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY ETHNICITY FY 2009-10 - SA 8



API=Asian/Pacific Islander
Note: Only populations with estimated unmet needs are presented.

Figure 43 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with percent consumers served by ethnicity in FY 2009-10. Estimated API unmet need = 2,775-2,372 or 403.

FIGURE 44: PERCENT OF MEDI-CAL ENROLLED INDIVIDUALS ESTIMATED WITH SED & SMI AS COMPARED WITH PERCENT OF CONSUMERS SERVED IN SHORT-DOYLE/MEDI-CAL FACILITIES BY AGE GROUP FOR FY 2009-10



Note: Only Age Groups with estimated unmet needs are presented.

Figure 44 shows percent of Medi-Cal enrolled individuals estimated with SED & SMI as compared with consumers served by age group in FY 2009-10. Estimated Children unmet need = 10,773-10,347 or 426. Estimated Older Adults unmet need = 2,778-2,011 or 767.

Section 3

QI WORK PLAN EVALUATION REPORT FOR CY 2010

LACDMH provides a full array of treatment services as required under W&IC Sections 5600.3, State Medi-Cal Oversight Review Protocols. The QI Work Plan Goals are in place to continuously improve the quality of the service delivery system. In accordance with State standards, the LACDMH evaluation of Quality Improvement activities are structured and organized according to the following:

1. Monitoring Service Delivery Capacity
2. Monitoring Accessibility of Services
3. Monitoring Beneficiary Satisfaction
4. Monitoring Clinical Care
5. Monitoring Continuity of Care
6. Monitoring of Provider Appeals

SUMMARY OF QI WORK PLAN GOALS FOR CY 2010

The QI Work Plan Goals for 2010, within the 6 broad domains identified above, define specific goals for particular activities. Each of these activities pertain to key functions carried out by LACDMH in addressing the Mental Health needs of the community. These specific goals, which are outlined in the QI Work Plan for CY 2010 presented below, include access to services for under-represented populations, timeliness of services, addressing language needs of consumers, monitoring consumers' satisfaction with services, and other goals as identified by the LACDMH.

Consistent with the Federal Block Grant and State Performance Contract, the LACDMH selects performance indicators for their relevance, feasibility, scientific validity, and meaningful value in improving the lives of consumers, families, and stakeholders of mental health services. A uniform set of performance indicators are utilized to ensure accountability and effectiveness of the quality and quantity of community and hospital based services. The selected measures are also consistent with national and standardized empirically-derived performance indicators from the 16-State Study (Lutterman, et al. 2003) and recommendations from the National Association of State Mental Health Program Directors Research Institute (NASMHPD).

In the Work Plan Evaluation which follows, the extent to which LACDMH has reached each stipulated goal is evaluated.

QUALITY IMPROVEMENT WORK PLAN CY 2010

I. MONITORING SERVICE DELIVERY CAPACITY

1. Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations.

a. Increase Latino penetration rates by 1.3%; from 21.5% in FY 08-09 to 22.8% in FY 09-10.

b. Increase Asian/Pacific Islander penetration rates by 1.5%; from 10.3% in FY 08-09 to11.8% in FY 09-10.

c. Increase Latino retention rates by 1.5%; from 50.4% in FY 08-09 to 51.9% in FY 09-10 for 16 or more services and from 43.7% in FY 08-09 to 45.2% in FY 09-10 for 5 to 15 services.

d. Increase Asian/Pacific Islander retention rates by 1.5% from 4.17% in FY 08-09 to 5.67% in FY 09-10 for 16 or more services and from 4.27% to 5.77 for 5 to 15 services.

2. The Cultural Competency Unit, in collaboration with the Cultural Competency Committee and the Quality Improvement Council, will identify and select LACDMH forms for translation into the threshold languages following approval by the Executive Management Team by the end of CY 2010.

3. By April 2010, the 2008 Cultural Competency Organizational Assessment will be further developed by factoring out neutral responses to establish the strength of favorable and unfavorable responses in order for EMT to determine action steps.

4. Interpreter Training Program upgrades to be completed to: a. increase practicum interactions between staff and class instructor, b. increase focus on interpreter training for mental health settings and c. include DSM IV Culture-Bound Syndromes. Continue to provide a minimum of six (6) Interpreter Training Courses during the year.

5. Completion of the Cultural Competency Plan with date of completion to be established once the new guidelines become available from the State Department of Mental Health.

II. MONITORING ACCESSIBILITY OF SERVICES

1. Re-Adjust access to after-hours care at 68% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year to year trending (effective August 1, 2009, after hour PMRT coverage was reduced from 9 teams to 3 teams due to the budget crisis, resulting in re-adjustment of goal).

2. Adjust the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate from 13% to 14%

3. Increase the overall rate by 4% from 84% in CY 2009 to 88% in CY 2010 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending. [Source: Performance Outcomes].

4. Increase the overall rate by 3% from 87% in CY 2009 to 90% in CY 2010 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].

III. MONITORING BENEFICIARY SATISFACTION

1. Participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.

2. Increase by 1% from 89% in CY 2009 to 90% in CY 2010 consumers/families reporting that staff was sensitive to cultural/ethnic background [Source: Performance Outcomes].

3. Increase by 1% from 137.7 in CY 2009 to 138.7 in CY 2010 for the Overall Satisfaction Average Mean Score and initiate year to year trending. [Source: Performance Outcomes]

4. Maintain at 97% consumers/families reporting that written materials are available in their preferred language and continue year to year trending.*

5. Apply Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities, especially to support capacity, access, language services, and application of Service Area Directories.

6. Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes including instituting new electronic system and annual reporting for policy changes.

7. Monitor and improve responsiveness to Beneficiary Change of Provider Requests. Monitor reports on the reasons given by consumers for their change of provider request and integrate measures into new electronic system.

IV. MONITORING CLINICAL CARE

1. Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.

2. Conduct EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.

V. MONITORING CONTINUITY OF CARE

Utilize Performance Outcome measures to monitor continuity of care in 2 areas:

1. Consumers receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and conduct RC2 PIP in collaboration with APS/EQRO and Statewide consultants.

2. Conduct pilot project for timeliness of appointments as related to tracking and assessing "no shows".

VI. MONITORING OF PROVIDER APPEALS

Continue monitoring the rate of zero appeals through CY 2010.

* Error from 2009 Work Plan noted from 97% to 94% and is correctly reflected as 94% in the 2011 Work Plan.

I. MONITORING SERVICE DELIVERY CAPACITY

Goal #1

Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations.

a. ***Increase Latino penetration rates by 1.3%; from 21.5% in FY 08-09 to 22.8% in FY 09-10.***
b. ***Increase Asian/Pacific Islander penetration rates by 1.5%; from 10.3% in FY 08-09 to11.8% in FY 09-10.***
c. ***Increase Latino retention rate by 1.5%; from 50.4% in FY 08-09 to 51.9% in FY 09-10 for 16 or more services and from 43.7% in FY 08-09 to 45.2% in FY 09-10 for 5 to 15 services.***
d. ***Increase Asian/Pacific Islander retention rates by 1.5% from 4.17% in FY 08-09 to 5.67% in FY 09-10 for 16 or more services and from 4.27% to 5.77 for 5 to 15 services.***

Penetration Rate Numerator: Number of consumers served by ethnicity.

Penetration Rate Denominator: Prevalence of SMI and SED among total County Population.

Retention Rate Numerator: Number of consumers receiving given number of services.

Retention Rate Denominator: Total number of consumers receiving services.

EVALUATION

The goals for the Latino population have been met. The goals for the Asian/Pacific Islanders have been partially met.

The LACDMH utilizes Penetration (Service Utilization) Rates to address the fundamental accessibility of mental health services to the identified target populations. This national measure monitors systems for their responsiveness to the different types of populations for which they are responsible and serves as the primary rationale for using this indicator. This indicator and Retention Rates help determine the disparities and set goals for improvement.

A primary goal of the LACDMH is to foster accessibility of services to under-served populations. In the County of Los Angeles, the largest ethnic groups regarded as underserved are the Latino and Asian/Pacific Islander populations. An ongoing goal for LACDMH is to continue to address the barriers to services affecting these ethnic groups in particular, but also to all underserved target populations.

The Quality Improvement Division and the Planning Division will continue to collaborate to provide effective mental health services for all ethnic groups; and

ascertain that the mental health workforce is increasingly sensitive to cultural differences impacting treatment.

(For the analysis below, please refer to Table 22 for Penetration Data, as well as Figures 14 through 21 for Service Area Penetration Rates for populations below 200% Federal Poverty Level. Please refer to Table 23 and Table 24 for Retention data.)

a. The Penetration Rate for the Latino population, over four years, increased by 5.3% from 20.4% in FY 06-07 to 25.7% in FY 09-10. The Penetration Rate for the Latinos living at or below 200% poverty, over four years, increased by 2.5% from 42.5% in FY 06-07 to 45.0% in FY 09-10.

b. The Penetration Rate for the Asian/Pacific Islander population, over four years, remained the same at 9.7% from FY 06-07 to FY 09-10. The Penetration Rate for the Asian/Pacific Islanders living at or below 200% poverty, over four years, decreased by 3.2% from 31.5% in FY 06-07 to 28.3% in FY 09-10.

c. The Latino Retention Rate for FY 09-10 for 5-15 services increased by 0.9% from 43.7% in FY 08-09 to 44.6% in FY 09-10. The Retention Rate for 16 or more services increased by 1.6% from 50.4% in FY 08-09 to 52.0% in FY 09-10. The goal for increase in Retention Rate by 1.5% for 16 or more services was met, however the goal of increase by 1.5% in the Retention Rate for 5-15 services was not met.

d. The Asian/Pacific Islander Retention Rate for 5-15 services remained the same at 4.3% in FY 08-09 and 4.3% in FY 09-10. The Retention Rate for 16 or more services increased by 0.4% from 4.3% in FY 08-09 to 4.7% in FY 09-10. The goal for increase in Retention Rate by 1.5% for more than 16 services and the goal of increase in the Retention Rate by 1.5% for 5-15 services were not met.

TABLE 22: PENETRATION RATE FOR SED AND SMI POPULATION FY 09-10

Ethnicity by Service Area (SA)	Number of Consumers Served	Population Estimated with SED & SMI	Penetration Rate for Total Estimated with SED & SMI	Population Estimated with SED and SMI AND Living at or Below 200% FPL	Penetration Rate for Population Living at or Below 200% FPL and Estimated with SED & SMI
SA 1					
African American	4,097	3,719	110.2%	2,254	181.8%
Asian/Pacific Islander	105	993	10.6%	341	30.8%
Latino	4,074	10,836	37.6%	5,386	75.6%
Native American	59	134	44.0%	72	81.9%
White	2,749	10,020	27.4%	3,213	85.6%
Total	11,084	25,702	43.1%	11,266	98.4%
SA 2					
African American	4,273	5,548	77.0%	2,441	175.1%
Asian/Pacific Islander	1,019	16,289	6.3%	4,395	23.2%
Latino	14,745	65,603	22.5%	34,546	42.7%
Native American	136	391	34.8%	160	85.0%
White	10,209	65,879	15.5%	17,124	59.6%
Total	30,382	153,710	19.8%	58,666	51.8%
SA 3					
African American	3,578	5,752	62.2%	2,534	141.2%
Asian/Pacific Islander	2,023	33,289	6.1%	12,312	16.4%
Latino	13,752	65,742	20.9%	31,235	44.0%
Native American	126	301	41.9%	113	111.5%
White	4,546	29,412	15.5%	6,923	65.7%
Total	24,025	134,496	17.9%	53,117	45.2%
SA 4					
African American	10,816	5,195	208.2%	1,939	557.8%
Asian/Pacific Islander	2,701	14,317	18.9%	6,416	42.1%
Latino	21,130	52,494	40.3%	36,610	57.7%
Native American	213	223	95.5%	90	236.7%
White	8,442	17,664	47.8%	6,192	136.3%
Total	43,302	89,893	48.2%	51,247	84.5%

TABLE 22: PENETRATION RATE FOR SED AND SMI POPULATION FY 09-10

Ethnicity by Service Area (SA)	Number of Consumers Served	Population Estimated with SED & SMI	Penetration Rate for Total Estimated with SED & SMI	Population Estimated with SED and SMI AND Living at or Below 200% FPL	Penetration Rate for Population Living at or Below 200% FPL and Estimated with SED & SMI
SA 5					
African American	3,758	3,104	121.1%	928	405.0%
Asian/Pacific Islander	373	5,523	6.8%	1,562	23.9%
Latino	3,264	8,265	39.5%	3,652	89.4%
Native American	60	90	66.7%	27	222.2%
White	5,105	26,545	19.2%	5,713	89.4%
Total	12,560	43,527	28.9%	11,882	105.7%
SA 6					
African American	15,403	23,899	64.5%	12,827	120.1%
Asian/Pacific Islander	287	1,310	21.9%	629	45.6%
Latino	11,160	51,466	21.7%	39,569	28.2%
Native American	48	114	42.1%	40	120.0%
White	1,328	1,649	80.5%	683	194.4%
Total	28,226	78,438	36.0%	53,748	52.5%
SA 7					
African American	2,832	2,676	105.8%	1,274	222.3%
Asian/Pacific Islander	529	8,536	6.2%	2,675	19.8%
Latino	15,710	75,358	20.8%	40,321	39.0%
Native American	327	278	117.6%	109	300.0%
White	2,854	14,867	19.2%	3,700	77.1%
Total	22,252	101,715	21.9%	48,079	46.3%
SA 8					
African American	10,917	17,897	61.0%	7,436	146.8%
Asian/Pacific Islander	2,372	17,146	13.8%	4,965	47.8%
Latino	13,050	46,928	27.8%	24,116	54.1%
Native American	144	288	50.0%	87	165.5%
White	7,666	32,108	23.9%	5,853	131.0%
Total	34,149	114,367	29.9%	42,457	80.4%

TABLE 22: PENETRATION RATE FOR SED AND SMI POPULATION FY 09-10

Ethnicity by Service Area (SA)	Number of Consumers Served	Population Estimated with SED & SMI	Penetration Rate for Total Estimated with SED & SMI	Population Estimated with SED and SMI AND Living at or Below 200% FPL	Penetration Rate for Population Living at or Below 200% FPL and Estimated with SED & SMI
Countywide (Consumers Served in At Least 1 Service Area)					
African American	45,102	67,790	66.5%	31,634	142.6%
Asian/Pacific Islander	8,455	97,405	8.7%	33,294	25.4%
Latino	83,498	376,692	22.2%	215,435	38.8%
Native American	940	1,820	51.6%	699	134.5%
White	37,083	198,144	18.7%	49,401	75.1%
Total	175,078	741,851	23.6%	330,463	53.0%
Countywide (Consumers Served in One or More Service Areas)					
African American	55,674	67,790	82.1%	31,633	176.0%
Asian/Pacific Islander	9,409	97,403	9.7%	33,295	28.3%
Latino	96,885	376,692	25.7%	215,435	45.0%
Native American	1,113	1,819	61.2%	698	159.5%
White	42,899	198,144	21.7%	49,401	86.8%
Total	205,980	741,848	27.8%	330,462	62.3%

Note: Numbers Served represent consumers served by LAC-DMH in Short Doyle/Medi-Cal Facilities. The count does not include consumers served in Fee-For-Service Outpatient facilities, institutional facilities such as jails and probation camps as well as Inpatient facilities including County Hospitals and Fee-For-Service Inpatient Hospitals.

Table 22 shows Penetration Rate for population estimated with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) by ethnicity and Service Area. in FY 09-10.

TABLE 23: RETENTION RATE – NUMBER OF APPROVED OUTPATIENT CLAIMS BY ETHNICITY – FY 09-10

Number of Claims	African American	Asian/Pacific Islander	Latino	Native American	Other	White	Total
One							
Consumers	4,522	490	7,931	72	773	3,612	17,400
Percent	26.0%	2.8%	45.6%	0.4%	4.4%	20.8%	100.0%
Two							
Consumers	2,485	316	4,423	34	422	1,924	9,604
Percent	25.9%	3.3%	46.1%	0.4%	4.4%	20.0%	100.0%
Three							
Consumers	2,204	237	3,552	38	341	1,686	8,058
Percent	27.4%	2.9%	44.1%	0.5%	4.2%	20.9%	100.0%
Four							
Consumers	1,954	179	3,060	31	347	1,485	7,056
Percent	27.7%	2.5%	43.4%	0.4%	4.9%	21.0%	100.0%
5-15							
Consumers	13,273	2,220	23,263	269	2,496	10,645	52,166
Percent	25.4%	4.3%	44.6%	0.5%	4.8%	20.4%	100.0%
16 or More							
Consumers	16,690	3,486	38,732	430	2,477	12,676	74,491
Percent	22.4%	4.7%	52.0%	0.6%	3.3%	17.0%	100.0%
Total							
Consumers	41,128	6,928	80,961	874	6,856	32,028	168,775
Percent	24.4%	4.1%	48.0%	0.5%	4.1%	19.0%	100.0%

Table 23 shows the Retention Rate by Ethnicity for FY 09-10.

TABLE 24: RETENTION RATE-NUMBER OF APPROVED OUTPATIENT CLAIMS
FOUR YEAR TREND
FY 06-07 TO FY 09-10

Fiscal Year				
	FY 06-07	**FY 07-08**	**FY 08-09**	**FY 09-10**
1 Claim				
Consumers	18,395	16,602	17,296	17,400
Percent	12.8%	11.0%	10.7%	10.3%
2 Claim				
Consumers	8,983	8,447	9,222	9,604
Percent	6.2%	5.6%	5.7%	5.7%
3 Claim				
Consumers	6,995	6,949	7,444	8,058
Percent	4.9%	4.6%	4.6%	4.8%
4 Claim				
Consumers	6,356	6,429	6,471	7,056
Percent	4.4%	4.3%	4.0%	4.2%
5-15				
Consumers	44,079	46,604	47,872	52,166
Percent	30.6%	30.9%	29.7%	30.9%
16 or More				
Consumers	59,291	65,973	72,901	74,491
Percent	41.1%	43.7%	45.2%	44.1%
Total				
Consumers	144,099	151,004	161,206	168,775
Percent	100.0%	100.0%	100.0%	100.0%

Table 24 shows four-year trend for Retention Rate – Number of Approved Outpatient Claims for FY 06-07 through FY 09-10.

FIGURE 45: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 1

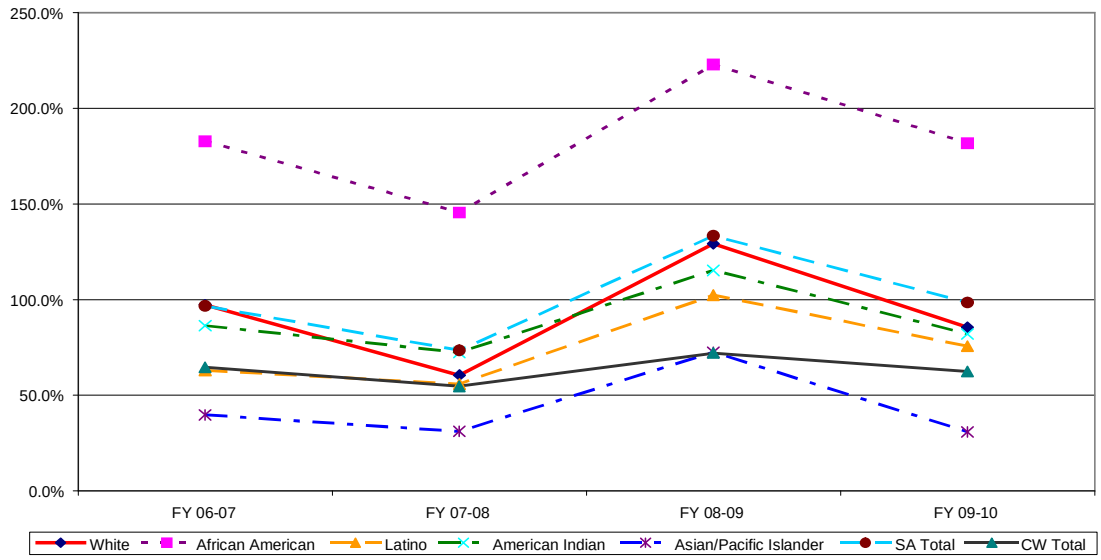


Figure 45 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 1.

FIGURE 46: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 2

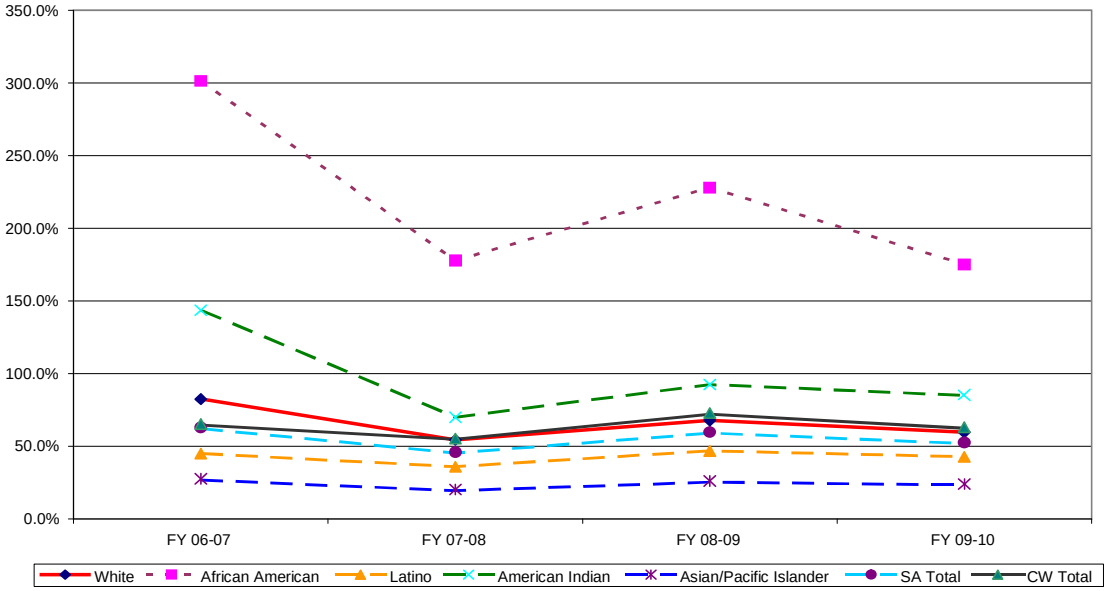


Figure 46 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 2.

FIGURE 47: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 3

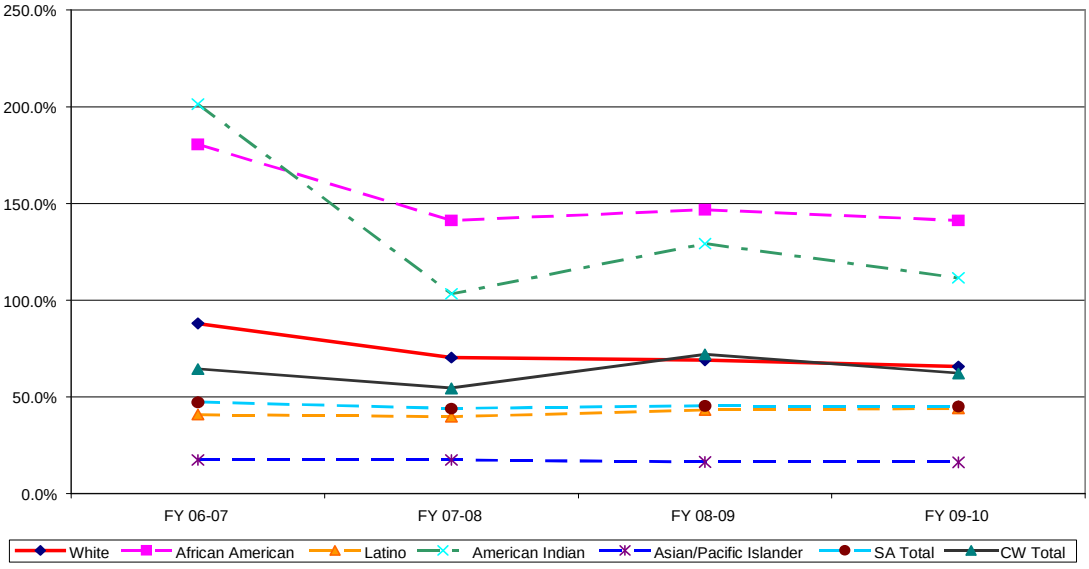


Figure 47 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 3.

FIGURE 48: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 4

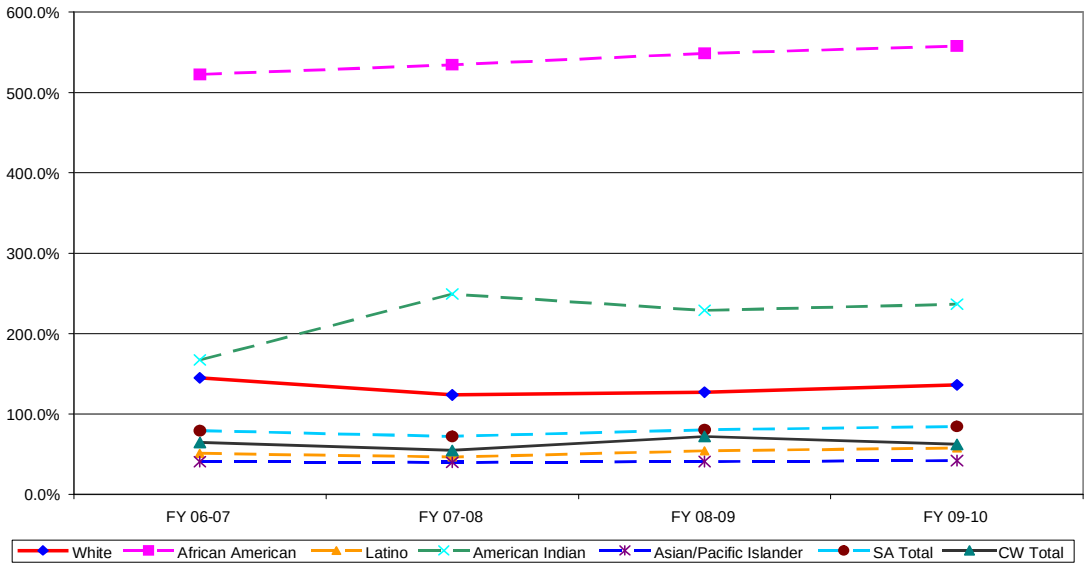


Figure 48 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 4.

FIGURE 49: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 5

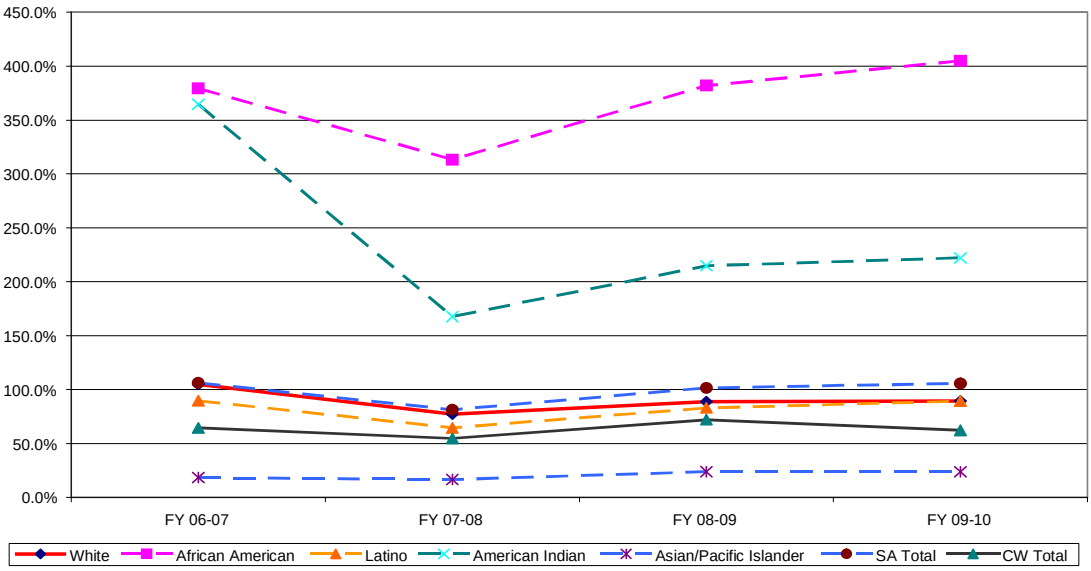


Figure 49 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 5.

FIGURE 50: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 6

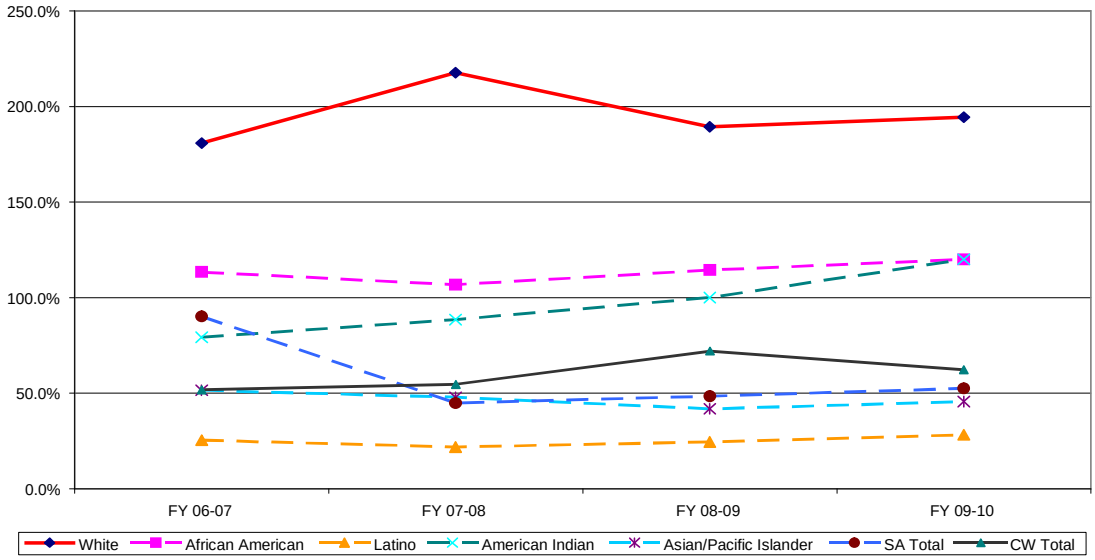


Figure 50 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 6.

FIGURE 51: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 7

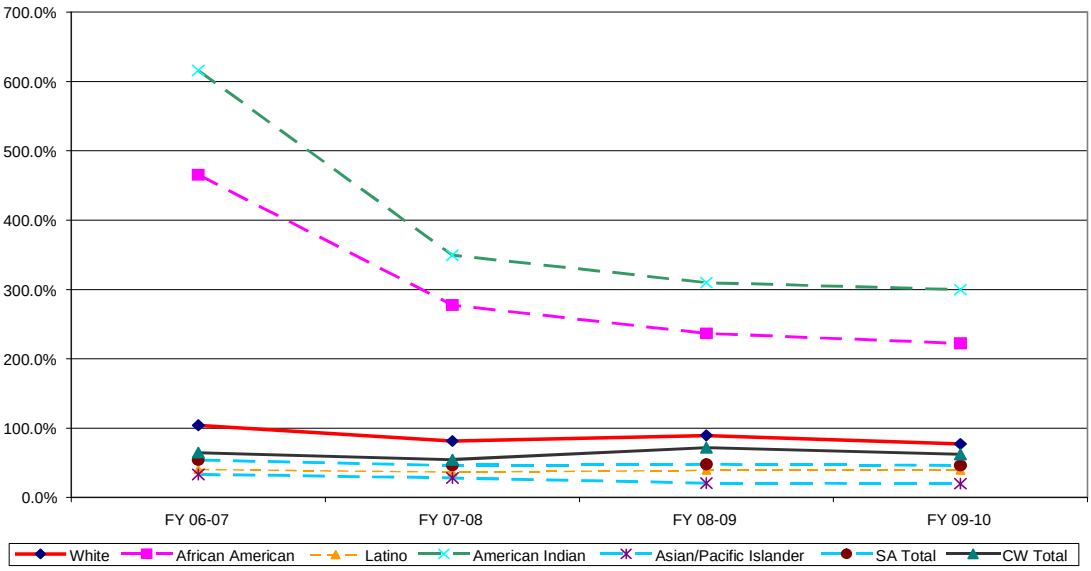


Figure 51 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 7.

FIGURE 52: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SA 8

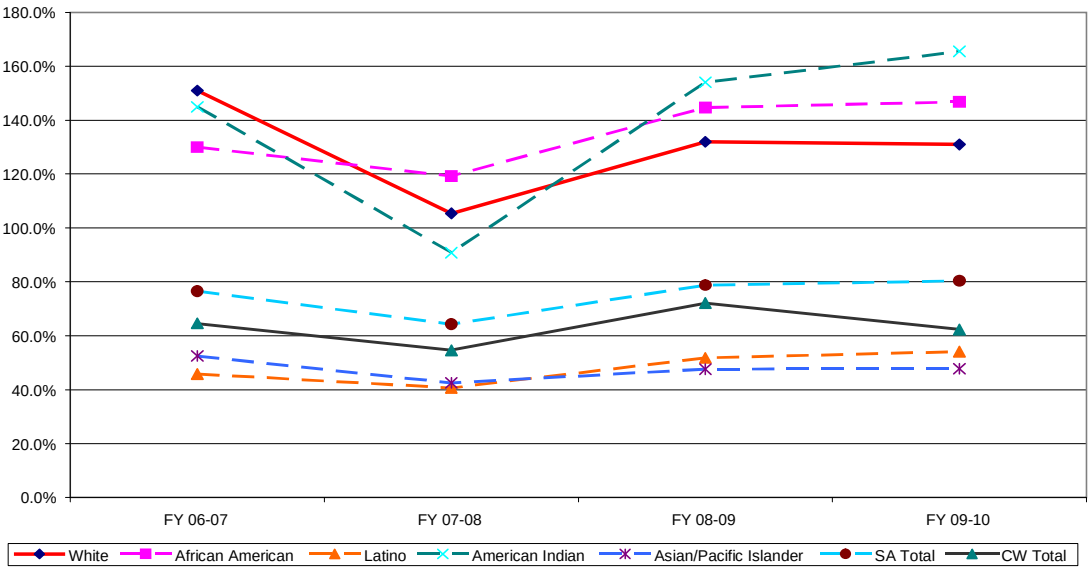


Figure 52 shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 8.

Goal #2
The Cultural Competency Unit, in collaboration with the Cultural Competency Committee and the Quality Improvement Council, will identify and select LACDMH forms for translation into the threshold languages following approval by the Executive Management Team by the end of CY 2010.

EVALUATION

This goal has been met.

The Cultural Competency Unit, in collaboration with the Cultural Competency Committee has identified, selected and prioritized a list of LACDMH forms recommended for translation into the threshold languages. These forms are as follows:
Consent for Services, Consent of Minor, LACDMH Notice of Privacy Practices, Client Request for Access to Health Information, Authorization for Request or Use/Disclosure of Protected Health Information, Outpatient Medication Review, Change of Provider, LACDMH Advance Health Care Directive Fact Sheet & Acknowledgement Form, Caregiver's Authorization of Affidavit, Consent to Photograph/Audio Record, Consent to Tele-mental Health Services, ACCESS Brochure, Educational Materials.

This list of forms was presented to and approved by the Executive Management Team. At this time, a bidding process is taking place with prospective contractors to perform the translations.

Goal #3
By April 2010, the 2008 Cultural Competency Organizational Assessment will be further developed by factoring out neutral responses to establish the strength of favorable and unfavorable responses in order for EMT to determine action steps.

EVALUATION

This goal has been met.

Data from the Cultural Competency Organizational Assessment was reviewed, and items with a high number of "don't know" responses were identified. These items were regarded as indicating information about LACDMH that had not been clearly conveyed to its workforce regarding cultural competency related operations. Upon consideration of the report, the LACDMH Executive Management Team (EMT) recommended that information referred to by these items be clearly communicated to the public and others through a variety of channels. At this time, the plan is to disseminate this information through various resources such as New Employee Orientation and the Cultural Competency Unit E-news project (via intra-net).

Goal #4

Interpreter Training Program upgrades to be completed to: a. increase practicum interactions between staff and class instructor, b. increase focus on interpreter training for mental health settings and c. include DSM IV Culture-Bound Syndromes. Continue to provide a minimum of six (6) Interpreter Training Courses during the year.

EVALUATION
This goal has been met.

The Cultural Competency Committee in collaboration with the Training and Quality Improvement Divisions have been ensuring that LACDMH staff receive Cultural Competency training that meet at least the minimum requirements of the State. A number of initiatives are underway to assess the effectiveness and quality of trainings that are being offered through longitudinal survey evaluations. Mechanisms are being put in place to provide an ongoing critical evaluation of trainings being offered, in order to optimize the effectiveness of trainings that are offered by LACDMH.

Training upgrades have been completed as indicated above. Trainings have been offered as follows:

Mental Health Interpreter Trainings

- April 12, 13, 14, 2010
- April 19, 20, 21, 2010
- April 26, 27, 28, 2010
- May 17, 18, 19, 2010
- May 16, 2011
- June 14, 2011

Training Providers in the Use of Interpreter Services in Mental Health Settings

- April 15, 2010
- April 22, 2010
- April 29, 2010
- May 25, 2010
- April 28, 2011
- June 7, 2011

Language Interpreting in Mental Health Settings

- November 30, 2009
- May 9, 10, and 11, 2011 (follow up: June 15, 2011)
- May 23, 24, and 25, 2011 (follow up: June 27, 2011)
- June 8, 9, and 10, 2011 (follow up: June 29, 2011)

Improving Access- Removing Language Barriers

- December 9, 2009
- December 22, 2009

As part of its commitment to ensuring access to underserved ethnic population, the LACDMH will continue to ensure that all language barriers affecting effective treatment of its mental health population will be identified, and fully remedied.

Goal #5
Completion of the Cultural Competency Plan with date of completion to be established once the new guidelines become available from the State Department of Mental Health.

EVALUATION

This goal has been met.

The Cultural Competency Plan outlines how it will address 8 Criterion Goals that have been defined by the state. These criteria are as follows:
Criteria 1: Commitment to Cultural Competence.
Criteria 2: Updated assessment of service needs.
Criteria 3: Strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities.
Criteria 4: Integration of the Cultural Competency Committee within the County Mental Health System.
Criteria 5: Culturally Competent Training Activities.
Criteria 6: Commitment to growing a multicultural workforce.
Criteria 7: Language Capacity.
Criteria 8: Adaptation of Services.

The state assesses adherence to these criteria by requesting evidence and procedures in place addressing specific aspects of each criterion. LACDMH submitted the completed Cultural Competency Plan with all criteria fully addressed on February 28, 2011. The Planning Division and the Quality Improvement Division collaborate to ensure all aspects of the Cultural Competency Plan are fully implemented.

II. MONITORING ACCESSIBILITY OF SERVICES

Goal #1
Re-Adjust access to after-hours care at 68% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year-to-year trending (see Work Plan for re-adjustment rationale).

Numerator: PMRT responses within one hour (after hours)
Denominator: Total number of PMRT responses (after hours)

EVALUATION

This goal has been met.

As shown in Table 25, data collected between January and December of 2010 indicate that an average of 69% of PMRT calls resulted in mobile teams being present at the scene within one hour upon acknowledged receipt of the call. This reflects a 1% improvement over the previous year performance of 68% which was achieved in 2009. The goal for 2011 is to maintain the after-hour response time at 69% response within one hour.

Although higher response rates were achieved during 2007 and 2008, at that time there were 9 psychiatric mobile response teams providing coverage as compared to 5 teams beginning in 2009. The 5% drop in PMRT after hour response time occurring in 2009 as compared to 2008 is largely due to the reduced availability of after-hour PMRT capacity. It is noted that in the second half of 2010, from July to December, all monthly average PMRT after hour response times were 70% or higher with the average during this 6 month time period of 72%, indicating continued improvement.

The LACDMH utilizes the ACCESS Center responsiveness of PMRT as an indicator to monitor psychiatric mobile team response times to field visits requiring their urgent intervention and assistance. The rationale for this indicator is the significance of providing alternatives to hospitalization and linkage with other alternatives to hospitalization, such as Urgent Care Centers. Additionally, the response time to urgent field visits is measured in four incremental response time categories, beginning with 45 minutes or less and ending with 91 minutes or more. The Performance Counts! Report provides detailed data for this indicator.

The PMRT measure here reported is specific to responses made after-hours. It is important to note that the Performance Counts! measure uses the Fiscal Year time period, whereas the PMRT measure reported here uses a Calendar Year time period.

Clearly, quick intervention in psychiatric emergencies is critical to prevent serious decompensation that would require hospitalization. In addition, each mobile team visit is able to provide alternative responses to address potentially escalating behaviors. For example, in many instances an appropriate and less costly alternative to hospitalization is linkage to Urgent Care Centers where needed monitoring and intervention is available.

TABLE 25: PMRT[1] AFTER-HOUR RESPONSE RATES OF ONE HOUR OR LESS CY 2006-2010

	2006	2007	2008	2009	2010
January	71%	76%	78%	68%	67%
February	69%	71%	75%	69%	65%
March	70%	72%	74%	64%	63%
April	74%	74%	76%	68%	65%
May	74%	75%	71%	72%	63%
June	70%	75%	71%	72%	68%
July	67%	71%	71%	72%	71%
August	63%	75%	73%	62%	75%
September	67%	72%	72%	63%	74%
October	68%	71%	71%	69%	71%
November	64%	77%	70%	66%	70%
December	70%	73%	72%	66%	71%
Annual Total	**4,901**	**3,439**	**3,356**	**3,448**	**3,857**
Annual Average %	**69%**	**73%**	**73%**	**68%**	**69%**

[1] Psychiatric Mobile Response Team

Table 25 shows the rate of PMRT after-hour responses that are within one hour.

Goal #2

Adjust the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate from 13% to 14% (significant system changes justify this goal adjustment –see evaluation report for sharp, more than double, increase in non-English calls over last 12 month period.)

Numerator: Total number of calls in which caller hung up after 30 seconds.
Denominator: Total number of calls completed to the ACCESS Center.

EVALUATION

This goal has not been met.

The LACDMH utilizes the ACCESS Center Abandoned Call Rates as an indicator of response time to calls received by the 24/7 Toll-Free Telephone Line for mental health services and other referrals as appropriate, including the calls received in non-English languages. This national indicator is also monitored by LACDMH Test-Calls Protocols and data is reported in the Annual Test-Calls Report.

Table 26 shows high abandoned call rates during the months of March at 17%, July at 16% and October at 19%. Factors contributing to the increase in the abandoned call rate during 2010 include staff vacancies experienced during the first half of the year and multiple telephone equipment problems. The implementation of a new telephone system is scheduled for October 2011. October has historically had a high volume of calls and as noted in Table 26, in October 2010 there were 28,288. As shown in Table 27, the average rate of abandoned calls at the ACCESS Center between January and December for 2010 is 15%, which is an increase of 1% as compared to calendar year 2009.

TABLE 26: ABANDONED CALLS BY NUMBER AND PERCENT FOR CY 2010

Month	Total Calls	Number Abandoned	Percent Abandoned
January	23,080	3,188	14%
February	23,358	3,484	15%
March	27,425	4,538	17%
April	23,568	3,061	13%
May	24,658	3,737	15%
June	24,054	3,622	15%
July	25,475	4,080	16%
August	23,608	3,101	13%
September	23,999	3,265	14%
October	28,288	5,374	19%
November	24,231	3,565	15%
December	23,272	3,484	15%
Total	295,016	44,499	15%

Table 26 shows the number and percent of abandoned calls to the ACCESS Center in CY 2010.

TABLE 27: ABANDONED CALL RATE FOUR-YEAR TREND CY 2007-2010

Calendar Year	2007	2008	2009	2010
Total Calls	284,956	275,051	283,098	295,016
Number Abandoned	50,033	35,401	40,107	44,499
Percent	18%	13%	14%	15%

Table 27 shows the rate of abandoned calls from CY 2007 to CY 2010.

Table 28 shows the second most common language, after English, of calls received by the ACCESS Center from 2007 to 2010 is Spanish, at 27,473 calls or 95.4% of all non-English calls. The third most common language of calls received by the ACCESS Center in 2010 are in Chinese (Mandarin and Cantonese) at 78 calls or 0.002% of all non-English calls. The number of non-English calls between 2007 and 2010 has increased from 4,263 to 9,523 calls. This increase is largely due to the increase in the number of Spanish calls to the ACCESS Center, which increased from 3,962 in 2007 to 9,191 in 2010.

TABLE 28: LANGUAGE OF CALLS RECEIVED OTHER THAN ENGLISH CY 2007-2010

Language	2007	2008	2009	2010	Total
AMHARIC	2	0	4	0	6
ARABIC	1	8	5	13	26
ARMENIAN	19	28	34	36	117
BENGALI	4	0	0	3	7
BULGARIAN	0	0	0	1	1
BURMESE	0	0	1	3	4
CAMBODIAN	7	5	6	5	23
CANTONESE	18	31	48	19	116
FARSI	25	21	21	31	98
FRENCH	1	0	0	1	2
GERMAN	3	0	0	2	5
HEBREW	1	0	1	0	2
HINDI	2	0	5	0	7
HUNGARIAN	2	0	0	0	2
ITALIAN	0	1	1	1	3
JAPANESE	18	8	6	7	39
KHMER	0	0	0	5	5
KOREAN	68	86	79	61	294
LAOTIAN	0	1	0	0	1
MANDARIN	26	34	39	59	158
OROMO	0	0	2	0	2
POLISH	0	5	3	0	8
PORTUGUESE	0	2	1	1	4
PUNJABI	1	0	4	2	7
SERBIAN	0	0	0	5	5
ROMANIAN	0	4	0	1	5
RUSSIAN	14	14	8	15	51
SERBIAN	0	0	0	5	5
SPANISH	993	2,441	4,940	4,547	12,921
SPANISH ACCESS CTR	2,969	2,884	4,055	4,644	14,552
SPANISH SUB TOTAL	3,962	5,325	8,995	9,191	27,473
TAGALOG	49	74	35	26	184
THAI	5	2	0	6	13
TURKISH	0	0	2	0	2
URDU	1	1	1	1	4
VIETNAMESE	34	21	31	23	109
TOTAL	4,263	5,650	9,332	9,523	28,788

Goal #3

(The data presented for this goal is part of the MHSIP Survey Outcome data conducted by LACDMH.) Increase the overall rate by 4% from 84% in CY 2009 to 88% in CY 2010 for consumers/families reporting that they are able to receive services at convenient locations and continue year-to-year trending.

Performance Outcomes Numerator: Consumers/Families reporting in the MHSIP that they are able to receive services at convenient locations.

Performance Outcomes Denominator: Total number of consumers/families responding to the query in the MHSIP regarding their ability to receive services at convenient locations.

EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010." DMH implemented this MHSIP pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 3-year trend analysis was performed to highlight LACDMH performance in providing consumers with services at convenient times. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP Surveys completed by the State. Table 29 shows how consumers rated the extent to which services were offered at convenient locations for three distinct survey collection periods, May 2008, November 2008, and May 2009. Positive ratings increased from 85.6% in May 2008 to 87.7% in May 2009. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH- Program Support Bureau, Quality Improvement Website.

TABLE 29: "LOCATION OF SERVICES WAS CONVENIENT FOR ME"

	MAY 08 (N=25,791)	NOV 08 (N=25,747)	MAY 09 (N=17,640)
YSS-F	91.8%	92.3%	93.3%
YSS	80.6%	81.3%	82.9%
ADULT	82.8%	83.9%	84.6%
OLDER ADULT	87.1%	88.1%	90.0%
OVERALL RATE	85.6%	86.4%	87.7%

Table 29 shows the percentage of affirmative responses to the question "Location of Services was convenient for me" for three survey periods reported above.

LACDMH is engaged in ongoing Quality Improvement activity to ensure consumers are able to access convenient and needed services. As part of this effort, Provider Directories have been created listing provider information for each Service Area of the County of Los Angeles. The Service Area Provider Directories include provider name, address, phone number, specialty mental health services, organizational type, and languages spoken by staff in each clinic. The Service Area directories are available online and can be downloaded from the PSB-QI website at: http://psbqi.dmh.lacounty.gov/data.htm. It is expected that this resource will further

improve the capacity of consumers to find conveniently located services including culturally and linguistically appropriate services.

Goal # 4
(The data presented for this goal is part of the MHSIP Survey Outcome data conducted by LACDMH.) Increase the overall rate by 3% from 87% in CY 2009 to 90% in CY 2010 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].

Performance Outcomes Numerator: Consumers/Families reporting in the MHSIP that they are able to receive services at convenient times.
Performance Outcomes Denominator: Total number of consumers/families responding to the query in the MHSIP regarding their ability to receive services at convenient times.

EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010." DMH implemented this MHSIP pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 3 year trend analysis was performed to highlight LACDMH performance in providing consumers with services at convenient times. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP Surveys completed by the State. Table 30 shows how consumers rated the extent to which services were offered at convenient times for three distinct survey collection periods, May 2008, November 2008, and May 2009. Positive ratings increased from 88.5% in May 2008 to 89.7% in May 2009. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH-Program Support Bureau, Quality Improvement Website.

TABLE 30: "SERVICES WERE AVAILABLE AT TIMES THAT WERE CONVENIENT FOR ME"

	MAY 08 (N=25,791)	NOV 08 (N=25,747)	MAY 09 (N=17,640)
YSS-F	93.0%	93.7%	94.1%
YSS	79.7%	79.5%	81.7%
ADULT	90.5%	87.9%	89.7%
OLDER ADULT	90.8%	92.7%	93.4%
OVERALL RATE	88.5%	88.5%	89.7%

Table 30 shows the number of affirmative responses to the question "Services were available at times that were convenient for me" by Age Group for three survey periods reported above.

LACDMH Quality Improvement Division has further fostered access to services at convenient times by providing Service Provider Directories by Service Area, as discussed above.

III. MONITORING BENEFICIARY SATISFACTION

Goal #1

(The data presented for this goal is part of the MHSIP Survey Outcome data conducted by LACDMH.) Participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.

EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010." DMH implemented this pilot in July 2010.

In lieu of participating in CDMH Statewide Performance Outcomes, LACDMH has performed 3 year trending of key beneficiary satisfaction measures assessed by MHSIP questionnaires, which are reported here. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP Surveys completed by the State.

Goal #2

(The data presented for this goal is part of the MHSIP Survey Outcome data conducted by LACDMH.) Increase by 1% from 89% in CY 2009 to 90% in CY

2010 consumers/families reporting that staff were sensitive to cultural/ethnic background [Source: Performance Outcomes].

Performance Outcomes Numerator: Consumers/Families reporting in the MHSIP that staff were sensitive to cultural/ethnic background.
Performance Outcomes Denominator: Total number of consumers/families responding to the query in the MHSIP regarding staff sensitivity to cultural/ethnic background.

EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010." DMH implemented this pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 3 year trend analysis was performed to highlight LACDMH performance in providing service delivery that is sensitive to consumers' cultural background. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP Surveys completed by the State. Table 31 shows the positive response rate to the question **"**Staff were sensitive to my cultural background" for the three surveys periods identified above. Positive ratings increased by 0.8% from 88.2% in May 2008 to 89.0% in May 2009. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH- Program Support Bureau Website.

TABLE 31: "STAFF WERE SENSITIVE TO MY CULTURAL BACKGROUND"

	MAY 08 (N=25,791)	NOV 08 (N=25,747)	MAY 09 (N=17,640)
YSS-F	95.2%	94.9%	95.5%
YSS	82.6%	83.2%	84.4%
ADULT	84.9%	85.5%	84.7%
OLDER ADULT	90.1%	90.8%	91.3%
OVERALL RATE	88.2%	88.6%	89.0%

Table 31 shows the percentage of affirmative responses to the question "Staff were sensitive to my cultural background" by Age Group for three survey periods reported above.

LACDMH is committed to fulfilling the Cultural Competency standards set by the State DMH. The LACDMH Cultural Competency Plan, which is consistent with the

CDMH cultural competency plan requirements, contains highly specific outcomes to attain in order to develop staff responsiveness to consumers/families cultural/ethnic backgrounds. Specific goals in the following areas are defined by the Cultural Competency Plan:

- Cultural Formulation
- Multicultural Knowledge
- Cultural Sensitivity
- Cultural Awareness
- Social/Cultural Diversity
- Mental Health Interpreter Training
- Training staff in the use of mental health interpreters
- Training in the Use on Interpreters in the Mental Health Settings

As part of its effort to address cultural differences of its consumers, QI activities include the following previously detailed elements: monitoring prevalence, penetration and retention data by Service Area and Countywide to identify disparities relative to ethnicity; identifying threshold languages spoken in the Service Areas and the location of bilingual staff available to meet the language needs of non-English speaking consumers/families; developing interventions to address identified shortcomings in cultural responsiveness and sensitivity to consumers.

Goal #3
(The data presented for this goal is part of the MHSIP Survey Outcome data conducted by CDMH.) Increase from 137.7 in CY 2009 to 138.7 CY 2010 the Overall Satisfaction Percentage Score and initiate year to year trending. [Source: Performance Outcomes]

EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010." DMH implemented this pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 5 survey period trend analysis was performed to highlight LACDMH performance in providing service delivery resulting in overall satisfaction of consumers. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP Surveys completed by the State. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH- Program Support Bureau Website. The following tables show how consumers rated the extent to which service delivery resulted in overall satisfaction for 5 survey periods, May 2007, Nov 2007, May 2008, Nov 2008, and May 2009.

Table 32 indicates trend rating for Overall Satisfaction ratings for Families, Youth, Adults, and Older Adults between May 2007 and May 2009.

(Note: For 2009 the QI Work Plan goal for the Overall Satisfaction mean score value was converted from the previous scoring scale to a scoring scale consistent with the Performance Outcomes Report scale. The tables below are using the previous scoring scale to show a trend over five survey periods.)

TABLE 32: OVERALL SATISFACTION BY AGE GROUP

	May 07 (N=15,523)	Nov 07 (N=14,481)	May 08 (N=20,405)	Nov 08 (N=19,562)	May 09 (N=16,549)
YSS-F	83.7%	83.9%	84.1%	84.2%	84.3%
YSS	80.2%	80.3%	80.6%	80.9%	80.6%
Adult	82.6%	82.8%	83.5%	83.1%	83.2%
Older Adult	84.7%	83.9%	83.0%	86.3%	85.4%
Overall Satisfaction	82.8%	82.7%	82.8%	83.6%	83.4%

Table 32 shows the percentage of responses indicating Overall Satisfaction by Age Group from CY 2007 to CY 2009.

The Overall Satisfaction for YSS-F increased by 0.6% over a five survey period from May 07 to May 09.

The Overall Satisfaction for YSS increased by an average of 0.4% over a five survey period from May 07 to May 09.

The Overall Satisfaction for Adult increased by an average of 0.6% over a five survey period from May 07 to May 09.

The Overall Satisfaction for Older Adult increased by an average of 0.7% over a five survey period from May 07 to May 09.

Among all age groups indicated above, there has been an increase of 0.6% in Overall Satisfaction ratings over the past 5 survey periods.

Goal #4
(The data presented for this goal is part of the MHSIP Survey Outcome data conducted by LACDMH.) Maintain a rate of 94% of consumers/families reporting that written materials are available in their preferred language and continue year to year trending.

Performance Outcomes Numerator: Consumers/Families reporting in the MHSIP that written materials are available in their preferred language.

Performance Outcomes Denominator: Total number of consumers/families responding to the query in the MHSIP regarding written material availability in their preferred language.

TABLE 33: "WAS WRITTEN INFORMATION AVAILABLE TO YOU IN THE LANGUAGE YOU PREFER?"

	MAY 08 (N=20,405)	NOV 08 (N=19,562)	MAY 09 (N=16,549)
YSS-F	95.4%	95.8%	96.6%
YSS	91.1%	92.7%	92.7%
ADULT	94.7%	94.3%	95.1%
OLDER ADULT	94.7%	95.1%	92.9%
OVERALL RATE	94.2%	94.5%	94.3%

Table 33 shows the percentage of affirmative responses to the question "Was information available to you in the language you prefer?" by Age Group for three survey periods reported above.

EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010. DMH plans to begin implementing this pilot in July 2010."

Materials currently available in preferred languages include the following:

- Member service handbook or brochure
- General correspondence
- Beneficiary problem, resolution, grievance, and fair hearing materials
- Beneficiary satisfaction surveys
- Informed Consent for Medication Form
- Confidentially and Release of Information Form
- Service orientation for clients
- Mental health education materials
- Evidence of appropriately distributed and utilized translated materials

Table 33 shows the positive response rate to the question **"**Was written information available to you in the language you prefer?" for the three surveys periods identified above. Positive ratings increased by 0.1% from 94.2% in May 2008 to 94.3% in May 2009, although there was a decrease of 0.2% from November 2008 to May 2009, from 94.5% to 94.3%.

As discussed above, the Cultural Competency Committee is in the process of translating 14 priority documents into threshold languages. This endeavor is expected to further improve availability of documents in consumers' language of choice.

Goal #5
Apply Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities, especially to support capacity, access, language services, and application of Service Area Directories.

EVALUATION

This goal has been met.

The Countywide Quality Improvement Council allows the coordination of goals, as well as a forum to present Service Area QI projects, and receive feedback or guidance as necessary. In addition, all providers receive annual half-day trainings on the POQI MHSIP improvement goals from the Quality Improvement Division staff. Presentations are conducted in each of the Service Areas. A detailed power point is used that describes the stakeholder work group process for selecting performance outcomes, including POQI MHSIP improvement goals. Other Service Area presentations from the QI Division are offered as needed, for example recently presentations were made detailing online Service Provider Directories that are now available online.

Recently the Quality Improvement Division began conducting power point presentations to Service Area providers specifying service delivery indicators as well as demographic characteristics of the population they serve. These trainings are organized into 3 components. The total presentation time for the 3 trainings amounts to approximately two hours, with discussions, questions, and answers. The first presentation tabulates general demographic features of the countywide population served by the particular Service Area. This data presentation includes countywide population, poverty, and prevalence of Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) in the Service Area by ethnicity, age group, and gender. The second training component provides a disparity analysis of the population served by the particular Service Area, for example, indicating estimates of number of individuals in the community in need of services. In this second component, Penetration Rates for the different ethnic groups are provided. The third training component presents findings of the last 3 MHSIP Outcome Surveys that have been conducted by the State, as well as outcome data conducted by LACDMH. In this 3rd component, survey data recording perceptions of quality of treatment and service delivery of consumers of that particular Service Area are presented.

The ultimate goal of these presentations is to assist Service Area providers in achieving the following: increase their understanding of the consumers they serve; identify problems and/or barriers to service based on data; develop appropriate strategies to address these needs.

Goal #6
Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes including instituting new electronic system and annual reporting for policy changes.

EVALUATION

This goal has been met.

The Department responds effectively and in a timely manner to consumer grievances and fair practice hearings. The reports have been expanded to include both inpatient and outpatient beneficiaries during FY 09-10.

For FY 09-10 (see Tables 34a and 34b), the Patients' Rights Office (PRO) reported a drop in beneficiary grievances from 672 last year to 539 this year and a drop in appeals from 6 last year to 5 this year. There were only 15 requests for State Fair Hearing as compared with 17 in FY 08-09. Also there was an increase in Termination of Services from 8 in FY 08-09 to 13 in FY 09-10. Denial of Services, Change of Provider and Confidentiality grievances decreased compared to FY 08-09. The PRO attributes these decreases to data collection processes that allow for improved problem identification and resolution. QI continues to participate with PRO in evaluating and acquiring computer software programs/systems to assist PRO in tracking data for State Grievance/Appeal/State Fair Hearing reporting. QI will also work with PRO and Program Support Bureau MHSA to assist in developing, fully implementing and refining these electronic solutions. It is expected that electronic reporting processes, once established, will improve the reliability of the data collection process.

TABLE 34a: NUMBER OF FORMAL COMPLAINTS FROM CONSUMERS FY 09 – 10

CATEGORY		Inpatient	Outpatient	Total
ACCESS		0	0	0
	Percent	*0%*	*0%*	*0%*
TERMINATION OF SERVICES		1	12	13
	Percent	*8%*	*92%*	*100%*
DENIED SERVICES (NOA-A Assessment)		1	4	5
	Percent	*20%*	*80%*	*100%*
CHANGE OF PROVIDER		3	2	5
	Percent	*60%*	*40%*	*100%*
QUALITY OF CARE		375	63	438
	Percent	*86%*	*14%*	*100%*
Provider Relations		155	26	181
	Percent	*86%*	*14%*	*100%*
Medication		69	13	82
	Percent	*84%*	*16%*	*100%*
Discharge/Transfer		17	1	18
	Percent	*94%*	*6%*	*100%*
Patient's Rights Materials		3	0	3
	Percent	*100%*	*0%*	*100%*
Treatment Concerns		89	18	107
	Percent	*83%*	*17%*	*100%*
Delayed Services		0	2	2
	Percent	*0%*	*100%*	*100%*
Abuse		38	5	43
	Percent	*88%*	*12%*	*100%*
Referrals		0	0	0
	Percent	*0%*	*0%*	*0%*
Tx. Disagreement		1	0	1
	Percent	*100%*	*0%*	*100%*
Reduction of Service		1	0	1
	Percent	*100%*	*0%*	*100%*
CONFIDENTIALITY		12	3	15
	Percent	*80%*	*20%*	*100%*
OTHER		71	12	83
	Percent	*86%*	*14%*	*100%*
Housing		6	7	13
	Percent	*46%*	*54%*	*100%*
Lost/Stolen Belongings		25	2	27
	Percent	*93%*	*7%*	*100%*

TABLE 34a: NUMBER OF FORMAL COMPLAINTS FROM CONSUMERS FY 09 – 10

CATEGORY		Inpatient	Outpatient	Total
Social Security		0	0	0
	Percent	*0%*	*0%*	*0%*
Unable to Understand		0	0	0
	Percent	*0%*	*0%*	*0%*
Smoking		9	0	9
	Percent	*100%*	*0%*	*100%*
Legal		8	0	8
	Percent	*100%*	*0%*	*100%*
Money/Funding/Billing		12	2	14
	Percent	*86%*	*14%*	*100%*
Use of Phone		5	1	6
	Percent	*83%*	*17%*	*100%*
Non Provider Concerns		6	0	6
	Percent	*100%*	*0%*	*100%*
Forms		0	0	0
	Percent	*0%*	*0%*	*0%*
Medi-cal		0	0	0
	Percent	*0%*	*0%*	*0%*
Miscellaneous (other)		0	0	0
	Percent	*0%*	*0%*	*0%*
TOTALS		463	96	559
	Percent	*83%*	*17%*	*100%*

TABLE 34b: CATEGORIES AND DISPOSITION OF FORMAL COMPLAINTS
FY 09-10

CATEGORY	CATEGORIES					TOTAL	DISPOSITION		
	Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing		Referred Out	Resolved	Still Pending
ACCESS	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
PERCENT	*0%*	*0%*	*0%*	*0%*	*0%*	*0%*			
TERMINATION OF SERVICES	**11**	**2**	**0**	**0**	**0**	**13**	**0**	**0**	**0**
PERCENT	*85%*	*15%*	*0%*	*0%*	*0%*	*100%*			
DENIED SERVICES (NOA-A Assessment)	**0**	**0**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
PERCENT	*0%*	*0%*	*0%*	*100%*	*0%*	*100%*			
CHANGE OF PROVIDER	**5**	**0**	**0**	**0**	**0**	**5**	**0**	**5**	**0**
PERCENT	*100%*	*0%*	*0%*	*0%*	*0%*	*100%*			
QUALITY OF CARE	**431**	**2**	**0**	**5**	**0**	**438**	**0**	**438**	**0**
PERCENT	*98%*	*0%*	*0%*	*1%*	*0%*	*100%*			
CONFIDENTIALITY	**12**	**1**	**0**	**2**	**0**	**15**	**1**	**14**	**0**
PERCENT	*80%*	*7%*	*0%*	*13%*	*0%*	*100%*			
OTHER	**80**	**0**	**0**	**3**	**0**	**83**	**0**	**83**	**0**
PERCENT	*96%*	*0%*	*0%*	*4%*	*0%*	*100%*			
TOTALS	**539**	**5**	**0**	**15**	**0**	**559**	**1**	**545**	**0**
PERCENT	*96%*	*1%*	*0%*	*3%*	*0%*	*100%*			

Tables 34a and 34b show number of complaints, types of complaints, and dispositions reported by the Patient Rights Office in FY 09-10.

Goal #7
Monitor and improve responsiveness to Beneficiary Change of Provider Requests. Monitor reports on the reasons given by consumers for their change of provider request and integrate measures into new electronic system.

EVALUATION
This goal has been met.

The Patients' Rights Office (PRO) is responsible for collecting the Request to Change Provider Logs submitted by directly-operated and contracted providers in LACDMH.

The Change of Provider Requests were analyzed based on the categories and information from the providers. Additionally, categories were developed to capture consumer needs in the following areas: *Culture; Time/Schedule; Service Concerns (treating family member, treatment concerns, medication concerns, lack of assistance); 2nd Opinion Request; Other; No Reason Provided.*

TABLE 35: CHANGE OF PROVIDER REQUEST REASONS BY RANK ORDER

Reason	Percentage
Other	27.46%
Personal Experience/Perception	25.37%
Service Concerns	16.72%
Cultural	13.73%
Reason Not Given	10.45%
Time/Schedule	6.27%
2nd Opinion Requested	0.00%

Table 35 shows percentage rates for the Change of Provider Requests.

IV. MONITORING CLINICAL CARE

Goal #1
Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.

Numerator: Number of respondents choosing affirmative or negative category.
Denominator: Total number of respondents.

EVALUATION

This goal has been met.

LACDMH Office of the Medical Director (OMD) has updated on January 5, 2011 the following parameters related to the prescribing of medications: The Use of Anti-depressant Medication, The Use of Anti-Psychotics, The Use of Anxiolytic Medication, Use of Mood Stabilizers, Use of Dual Diagnosis Medication, General Health Related Monitoring and Intervention, Parameters of Psychotropic Medication of Children and Adolescents.

LACDMH presents data obtained from the MHSIP Survey Outcome data reported below at Service Area trainings presented at the Quality Improvement Committee Meetings. Through this process, providers are able to obtain information regarding consumers' perception of their medical care, and respond accordingly. In addition, core competencies with respect to medication practices continue to be developed through trainings offered by the Training and Quality Improvement Division to new and existing staff.

TABLE 36: MONITORING CLINICAL CARE - YSS-F

OUTCOME MEASURE	MAY 08 (N=6,790)		NOV 08 (N=6,805)		MAY 09 (N=5,394)	
	YES	NO	YES	NO	YES	NO
In the last year, did your child see a doctor because he/ she was sick?	65.0%	17.1%	65.7%	16.7%	65.7%	17.1%
Is your child on medication for emotional/ behavioral problems?	34.3%	48.0%	33.3%	48.7%	40.4%	41.5%
Did the doctor or nurse tell you and/or your child of medication side effects?	68.6%	31.4%	68.2%	31.8%	70.2%	29.8%

TABLE 37: MONITORING CLINICAL CARE - YSS

OUTCOME MEASURE	MAY 08 (N=4,174)		NOV 08 (N=4,1050)		MAY 09 (N=3,355)	
	YES	NO	YES	NO	YES	NO
In the last year, did you see a doctor because you were sick?	58.3%	14.2%	59.4%	13.7%	57.8%	12.8%
Are you on medication for emotional/ behavioral problems?	34.3%	51.1%	34.3%	51.6%	35.3%	48.1%
Did the doctor or nurse tell you of medication side effects?	53.8%	46.2%	55.4%	44.6%	58.6%	41.4%

Tables 36 and 37 show Clinical Care monitoring in three (3) MHSIP questions over the three YSS and YSS-F survey periods reported above. Responses to each of the survey questions are outlined below:

"In the last year, did you/your child see a medical doctor or nurse for a health check up when sick?"

YSS-F: There is an increase of 0.7% in "YES" response from 65% in May 2008 to 65.7% in May 2009.

YSS: There is a decrease of 0.5% in "YES" response from 58.3% in May 2008 to 57.8% in May 2009.

"Is your child/Are you on medication for emotional/ behavioral problems?"

YSS-F: There is an increase of 6.1% in "YES" response from 34.3% in May 2008 to 40.4% in May 2009.

YSS: There is an increase of 1% in "YES" response from 34.3% in May 2008 to 35.3% in May 2009.

"Did the doctor or nurse tell you of medication side effects to watch for?"

YSS-F: There is an increase of 1.6% in "YES" response from 68.6% in May 2008 to 70.2% in May 2009.

YSS: There is an increase of 4.8% in "YES" response from 53.8% in May 2008 to 58.6% in May 2009.

Goal #2
Conduct EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.

EVALUATION

The EPSDT PIP team continues to meet and is exploring suitable and feasible interventions.

V. MONITORING CONTINUITY OF CARE

Goal #1
Consumers receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and conduct RC2 PIP in collaboration with APS/EQRO and Statewide consultants.

EVALUATION

This goal has been met.

The LACDMH utilizes the Post-Hospitalization Outpatient Access (PHOA) indicator as an important measure of continuity of care, critical to preventing repeated hospitalizations and fostering recovery within the community based settings to which consumers return to live, work, and learn. The STATS process monitors and reports performance for this national indicator.

In August 2010 a draft pilot PHOA Detail Report was developed. The report monitored 185 total hospitalizations. Of the hospitalizations monitored, 84% were seen within 7 calendar days of acute hospital discharge. A refined report based on this pilot is in process by the Office of the Chief Deputy (OCD). Additionally, a "Report Card" for inpatient facilities to monitor frequent readmissions is in development by OCD. (See Appendix for the RC2 PIP Road Map).

Goal #2.
Conduct pilot project for timeliness of appointments as related to tracking and assessing "no shows".

EVALUATION

See EPSDT Roadmap in Appendix.
The LACDMH systems' capacity to capture relevant data for this measure exists through the IS data system. However, this pilot project has been deferred and the EPSDT PIP has taken its place as a top priority for the Department. The EPSDT PIP team continues to meet and is exploring suitable and feasible interventions.

At this time Service Area 7 is initiating a project investigating client flow between levels of care and programs within their service area. Service Area 8 completed a project investigating cancellation rates, and are presently considering beginning another QI project.

VI. MONITORING OF PROVIDER APPEALS

Goal #1
Continue monitoring the rate of zero appeals through CY 2010.

EVALUATION

This goal has been met.

LACDMH has successfully controlled the level of provider appeals. Contractors have filed fewer appeals for Day Treatment and TBS authorization over the past four calendar years, from a total of 3 in 2007 and zero in 2008, 2009 and 2010. No network provider has filed an appeal of LACDMH psychological testing. As providers have gained knowledge and skills in the authorization process, including correct documentation and billing activities, the number of appeals has significantly decreased. Table 38 summarizes the levels and disposition of appeals during a four year period.

TABLE 38: FIRST AND SECOND LEVEL PROVIDER APPEALS

Level	Day Treatment	TBS Authorization	Network	Total Appeals
2007				
First Level	1	2	0	3
Second Level	0	0	0	0
2008				
First Level	0	0	0	0
Second Level	0	0	0	0
2009				
First Level	0	0	0	0
Second Level	0	0	0	0
2010				
First Level	0	0	0	0
Second Level	0	0	0	0
Totals	1	2	0	3

Table 38 shows the number of first and second level provider appeals from CY 2007 to CY 2010.

Section 4

QI Work Plan for CY 2011- Introduction

Quality Improvement goals will be achieved within the context of activities defined by the LACDMH Strategic Plan. According to the data, in FY 2009-10 LACDMH treated 205,173 clients at Short-Doyle/Medi-Cal facilities distributed throughout the 8 Service Areas.

The following 6 LACDMH Strategic Plan goals dictate and determine LACDMH activity:

1) Enhance the quality and capacity, within available resources, of mental health services and supports in partnership with clients, family members, and communities to achieve hope, wellness, recovery and resiliency.

2) Eliminate disparities in mental health services, especially those due to race, ethnicity, and culture.

3) Enhance the community's social and emotional well being through collaborative principles.

4) Create and enhance a culturally diverse, client and family driven mental health workforce capable of meeting the needs of diverse communities.

5) Maximize the fiscal strength of our mental health system.

6) Use research and technological advancements to improve and transform services and their delivery in order to enhance recovery and resiliency.

Each of these goals is further defined by strategies and objectives that specify benchmarks and activities that will be carried out at various levels of the LACDMH system. LACDMH plans and moves toward its objectives through implementation of a comprehensive range of programs addressing the mental health needs of the County of Los Angeles population.

The Quality Improvement Division moves toward its Work Plan Goals through an ongoing collaboration of various programs and entities, including Service Area administrations and the LACDMH Bureaus and Divisions. Given that LACDMH, as an organization, is continually engaged in monitoring and improving performance, there is significant overlap between the functions of the Quality Improvement Division and other LACDMH entities.

The STATS process, a fundamental function of the LACDMH Executive Management Team, involves the monitoring of computer system based data indicators of all of the directly operated clinics and hospitals, and subsequent intervention to address indicators of decreased performance. The Model for Enhancing System Capacity and Client Flow is a project in which participants meet

at formal meetings to present and discuss techniques to optimize service delivery resources. This is expected to provide frameworks by which ongoing improvement to client flow can be established. A brief description of these initiatives is presented below. These two LACDMH Initiatives are presented below as examples of how the Quality Improvement Division function overlaps with other LACDMH entities.

STATS

The STATS (Strategies for Total Accountability and Total Success) process involves structured monthly meetings that are chaired by the Chief Deputy Director, with active participation by the Executive Management Team (EMT), District Chiefs and Program Heads. Office of STATS analysts conduct a preliminary analysis of performance indicators relative to established targets or benchmarks and prepares an agenda and questions to help focus the formal session. During the STATS meetings, the EMT reviews relevant performance data and, as necessary, strategizes with clinical program and administrative managers to develop specific action plans designed to improve performance. Follow-up is an integral part of the process, with program-specific reports provided to monitor follow-through on action plan commitments and to measure performance improvement over time.

At its inception in May 2007, the DMH STATS process focused on three core operational process metrics:

- **Direct Services** – Percent of staff time spent on direct services.
- **Benefits Establishment** – Percentage of clients with benefits.
- **Claims Lag Time** – Percentage of claims entered within 14 days of date of service.

Since that time, the following indicators have been introduced to the STATS process and are reviewed at the monthly meetings:

- **Medi-Cal Approval Percent Indicator** and **Medi-Cal Revenue Capture**. These indicators help assure that an improvement in timeliness of claim submission doesn't come at the cost of quality of data entry and revenue capture.
- **Post-Hospitalization Outpatient Service Access Indicator**. Facilitates linking clients to outpatient services within seven days after discharge from the hospital.
- **Quality Assurance (QA) Claiming Indicator**. Indicator to assure that QA programs are in place to assure regulatory accountability and compliance. This has resulted in previously unrealized revenue capture.
- **Full Service Partnership (FSP) Baseline Completion Indicator**. Monitors and enhances the completeness and quality of the FSP client's outcome data.
- **Full Service Partnership Reduction in Homelessness Indicator.**
- **Claiming by Plan indicator**. Allows for high level tracking of MHSA service transformation and monitoring for claiming / service delivery anomalies.
- **Co-Morbid Substance Abuse (Dual Diagnosis) Assessment Indicator**.

- Indicators tracking centralized Administrative Support functions including Timeliness of (1) **Rendering Provider Processing** (CIOB), (2) **Certification List Request Processing** (Human Resources) and (3) **Performance Evaluation Completion** (Executive Management Team).

For each metric, data is aggregated at the department level, by Service Area and by individual programs. Programs are measured against specific targets, which are established by LACDMH, as well as against their peers. The STATS program also provides extensive didactic and lab-based training, mentoring, as well as numerous supplemental reports in order to enhance the skills and ability of managers and supervisors to use data to help monitor and improve their programs.

As each metric has been introduced to the STATS process, substantial performance improvements have been noted in every relevant operational or clinical domain. Examples include: a 16% increase in staff Direct Service levels and 18% increase in claim submission timeliness over the first 2 years; an increase in annual revenues of approximately $3 million / year; and an 14% increase (to 99%) of consumers showing clear evidence of assessment for co-morbid substance abuse in the first ten months since introduction of that metric.

The Executive Dashboard Committee is currently working on the further development of indicators and supporting reports and tools related to participation in the Department's Indigent Medication Program, outcomes among clients served in Field Capable Clinical Service programs, mandatory closure of cases after 150 days without consumer receiving billable services, and service access timeliness.

Model for Improving Client Service Capacity (ICSC)

LACDMH has developed and refined a strategic document to create a model for enhancing system capacity and increasing the flow of clients into and through the system. In January 2010 a County of Los Angeles workgroup was convened to operationalize the plan and a cohort of adult and older adult providers began participating in a learning collaborative pilot to test out strategies to increase system capacity through the use of continuous quality improvement (CQI) PDSA (Plan-Do-Study-Act) cycles to identify innovative approaches to improving service delivery. The collaborative includes: Didi Hirsch Mental Health Center, Exodus, Heritage Clinic, and MHA LA—The Village. Four of five "Learning Sessions" have been completed. Over the course of these "Learning Sessions," improvements are recorded and organized by participant teams in order to be presented at a capstone meeting, the "Learning Forum." In this forum, participant teams publicly share their findings. Organizers and participating providers are receiving technical assistance and support from CiMH, CalMEND, and a project consultant employed through CalMEND and CiMH with expertise in Continuous Quality Improvement. In March 2011, LACDMH and CiMH will collaboratively conduct a presentation on this project at the Second Annual Conference of the California Improvement Committee.

Through initiatives fostered by LACDMH, including STATS and ICSC, as well as through Quality Improvement interventions discussed and disseminated throughout the Service Areas, LACDMH will move toward Quality Improvement Work Plan goals.

It is important to note that as the goals of transformation change the structure of the LACDMH service delivery, there is expected to be lag in service capacity. Notably, as providers readjust their treatment delivery from more traditional modes of therapy to the use of Recovery Models and Evidence Based Practices as brought forth by transformation, there have been interruptions in the LACDMH increase in service capacity. As providers reorganize their treatment delivery system to fit the models of transformation, they are expected to simultaneously increase their service delivery capacity. In addition, at this same time several PEI (Prevention and Early Intervention) and Innovation Initiatives are being rolled out which integrate mental health, physical health, and substance abuse treatment community based interventions, highlighting quality of care and cultural factors impacting treatment of the County's ethnically diverse community. Overall, the service capacity expansion of the LACDMH is expected to begin to be reflected in outcomes of FY 2011-2012. These factors impact the service capacity goals listed in the CY 2011 Quality Improvement Work Plan.

QUALITY IMPROVEMENT WORK PLAN CY 2011

I. MONITORING SERVICE DELIVERY CAPACITY

1. a. The Penetration Rate for Latinos below the 200% Federal Poverty Level (FPL) will be maintained at 45%.

b. The Retention Rate for Latinos will be maintained at 44.6% for 5-15 services and at 52% for 16 or more services.

c. The Penetration Rate for Asian/Pacific Islanders below the 200% Federal Poverty Level (FPL) will be increased by 0.2% from 28.3% to 28.5%.

d. The Retention Rate for Asian/Pacific Islanders (API) will be maintained at 4.3% for 5-15 services and at 4.7% for 16 or more services.

2. The Cultural Competency Unit, the Cultural Competency Committee, the Quality Improvement Council, and the Service Area Quality Improvement Committees will collaboratively identify and select strategies and interventions to improve the API Penetration Rate (for the Population at or below 200% poverty) which has decreased by 3.2% between 2007 and 2010.

II. MONITORING ACCESSIBILITY OF SERVICES

1. Maintain access to after-hours care at 69% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year to year trending.

2. Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) at an overall annual rate of 15%.

3. Increase the overall rate by 1% from 88.7% in CY 2010 to 89.7% in CY 2011 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending. [Source: Performance Outcomes].

4. Increase the overall rate by 1% from 90.7% in CY 2010 to 91.7% in CY 2011 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].

III. MONITORING BENEFICIARY SATISFACTION

1. Continue to participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.

2. Increase by 1% from 90% in CY 2010 to 91% in CY 2011 consumers/families reporting that staff were sensitive to cultural/ethnic background [Source: Performance Outcomes].

3. Increase by 1% from 84.4% in CY 2010 to 85.4% in CY 2011 the Overall Satisfaction Percentage Score and initiate year to year trending. [Source: Performance Outcomes]

4. Maintain at 94% consumers/families reporting that written materials are available in their preferred language and continue year to year trending.

5. Continue to identify areas for improvement for Service Area QICs for use in quality improvement activities, and increase Service Area Quality Improvement Projects from 2 to 4.

6. Continue to Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes, including instituting new electronic system and annual reporting for policy changes.

7. Continue to improve responsiveness to Beneficiary Requests for Change of Provider. Continue to monitor reports on the reasons given by consumers for their change of provider request and integrate measures into the new electronic system.

IV. MONITORING CLINICAL CARE

1. Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.

2. Continue EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.

V. MONITORING CONTINUITY OF CARE

1. Consumers will receive continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and continue RC2 PIP in collaboration with APS/EQRO and Statewide consultants.

VI. MONITORING OF PROVIDER APPEALS

1. Continue monitoring the rate of zero appeals through CY 2011.